FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90065 002 ***150.00

| Corporation | MENT # G18894 ST CLUB, INC. | | | | | | | | |
|---|--|-------------------------------------|-------------------------------|------------------------|------------------|-----------------------|----------------------------------|------------------------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | | | |
| 1200 8TH AVE., S.W. 1200 8TH AVE., S.W. | | | | | | | | | |
| SUITE 301 LARGO FL 34640 | | | | | - | . "- | | | |
| LARGO FL 34640 US | | | | | - | | | IN THIS SPACE | |
| US | | | | | | | orated or Qualifed | | |
| | | | | | | 01/14/19 | | | A 15 - 15 |
| | | 2a. Mailing Address | Address | | | 4. FEI Numbe 59-22831 | | <u> </u> | Applied For |
| | | Suite Ant # etc | Suite, Apt. #, etc. | | | 38-2203 | | \$P.7 | Not Applicable 5 Additional |
| | | | | | 5. Certifcate of | f Status Desired | 1 1 7 | Required | |
| 22 | | | | 6, Election Campaign F | | | | | |
| | 3 | ⊢ | | | 1 | | mpaign rinancing Contribution | | 00 May Be ed to Fees |
| Zip | Country | 28 Zip | Country | | -+ | | ation owes the currer | | 33.01.030 |
| | | r | 30 | | 1 | Personal P | | lt year intaligible ☐ Yes | □No |
| 24 | 9. Name and Address of Curre | | 301 | _ | | | Address of New Re | | |
| | 5. (valle and Address of Ourie | in registered Age.ii. | 81 | Name | _ | | | | |
| HIGG | HNS, JOHN P | | 82 | | | | | | |
| 100 SECOND AVENUE SOUTH STREET | | | | Street | Address | s (P.O. Box Nur | nber is Not Acceptab | le) | |
| 12TH FLOOR | | | 83 | | — - | | - | | |
| ST. PETERSBURG FL 33701 | | | | | | | | | |
| - | | | 84 | City | | | | FL 85 2 | ip Code |
| | to the provisions of Sections 607.05 | 00 - 1007 AEDD Fl-id- Child | - 11 12 - 1 | | | ain na shaasha shi | a atatament for the D | | ite registered |
| office or reagent. I as | to the provisions of Sections 607-056 ggistered agent, or both, in the State on familiar with, and accept the obligations of registered agent of r | ent and title if applicable. (NOTE: | ida Statutes. Registered Agen | | | hen reinstating) | | DATE | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS | CHANGES TO OFFI | | |
| τπ.ε | PTD DELETE | | 1,1 TITLE | | D | | | ☐ Chan | ge Addition |
| NAME | MOLES, STANLEY S. | | 1.2 NAME | | 0 | B, CHRI | STOPHER | | |
| STREET ADDRESS | 1200 8TH AVE. S.W. | | 1.3 STREET ADDRESS | | 120 | भ ४ ६ | AVE 300 | | ļ |
| CITY-ST-ZIP | LARGO FL | | 1.4 CITY-ST-ZIP | | UAI | 2 <u>60, F</u> | 33770_ | | |
| TITLE | D | DELETE | 2.1 TITLE | | | | | ☐ Chan | ge 🗌 Addition |
| NAME | WATTS, GARRISON G., MR | | 2.2 NAME | { | l | | | | |
| STREET ADDRESS | 1200 8TH AVE. S.W. | | 2.3 STREET | ADDRESS | | | | | ĺ |
| CITY-ST-ZIP | LARGO FL | | 2.4 CITY-S | T-ZIP | L., | | | | |
| TITLE | D DELETE | | 3.1 TITLE | 3.1 TITLE | | | , | ☐ Chan | ge 🗌 Addition |
| NAME | SOUCHAK, MICHAEL | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 1200 8TH AVE. S.W. | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | LARGO FL | | 3.4. CITY-S | T-ZIP | L | | | | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | | | = | ☐ Chan | ge Addition |
| NAME | COPE, RICHARD W. | | 4.2 NAME | ļ | | | • | | ļ |
| STREET ADDRESS | 1200 8TH AVE. S.W. | | 4.3 STREET | ADDRESS | | | | | [|
| CITY-ST-ZIP | LARGO FL | • | 4,4 C/TY-S1 | -ZIP | | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | | | Char | ge 🗌 Addition |
| NAME | GREEN, FRED, W | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 1200 8TH AVE. S.W. | | 5.3 STREET | ADDRESS | | | | |] |
| CITY-ST-ZIP | LARGO FL | | 5.4 CITY-ST | r-ZIP | | | | | 1 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | †—— | | | ☐ Char | ge Addition |
| NAME | | | 6.2 NAME | ļ | ļ | | | | ļ |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | 6.4 CITY-ST | | | | | | |
| U111-01-2P | | | | | t | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATUREAN PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 727 Date Day

721 3816984 Daytime Phone # (2E034 (11/98)