

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ONE OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO RESTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:17

DOCUMENT # H43424

(1)

1. Corporation Name

BRIDGE CLUB OF TAMARAC, INC.

Principal Place of Business

6463 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

6463 W. COMMERCIAL BLVD.
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/19/1985	3a. Date of Last Report 07/28/1994
4. FBI Number 59-2506051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HOWE, WILLIAM A.
4160 INVERRARY DR
#106
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARBER, ANITA
STREET ADDRESS	17051 - 8 EMILE ST.
CITY - ST - ZIP	BOCA RATON FL
TITLE	VP
NAME	HOWE, WILLIAM A.
STREET ADDRESS	4160 INVERRARY DR., #106
CITY - ST - ZIP	LAUDERHILL FL
TITLE	T
NAME	GOLD, RUTH
STREET ADDRESS	500 OAKS LANE #212
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	LEVINE, MICHAEL
STREET ADDRESS	2122 N.W. 60TH CIR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	YUDIN, JULIAN
STREET ADDRESS	P. O. BOX 113 N/A
CITY - ST - ZIP	DANVILLE IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Yudin, Julian
5.4 CITY - ST - ZIP	1320 N. Vermillion Danville, IL 61832
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

WZ A. Howe

WM A. Howe, V.P.

8/3/95

(305) 726-1095