

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H43424 (1)**

1. Corporation Name:

**BRIDGE CLUB OF TAMARAC, INC.**

Principal Place of Business

Mailing Address

**6463 W. COMMERCIAL BLVD.  
TAMARAC FL 33319**

**6463 W. COMMERCIAL BLVD.  
TAMARAC FL 33319**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>02/19/1985</b>	<b>3a. Date of Last Report</b> <b>08/08/1995</b>
<b>4. FEI Number</b> <b>59-2506051</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>9. Name and Address of Current Registered Agent</b> <b>HOWE, WILLIAM A.</b> <b>4160 INVERRARY DR</b> <b>#106</b> <b>LAUDERHILL FL 33319</b>			
<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>					

**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**

Sign the typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>GARBER, ANITA</b> <b>17051 - 8 EMILE ST.</b> <b>BOCA RATON FL</b>	<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>HOWE, WILLIAM A.</b> <b>4160 INVERRARY DR., #106</b> <b>LAUDERHILL FL</b>	<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> <b>GOLD, RUTH</b> <b>500 OAKS LANE #212</b> <b>POMPANO BEACH FL</b>	<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>LEVINE, MICHAEL</b> <b>2122 N.W. 60TH CIR.</b> <b>BOCA RATON FL</b>	<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>YUDIN, JULIAN</b> <b>P. O. BOX 113 N/A</b> <b>DANVILLE IL</b>	<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address**

**SIGNATURE:**

*W. A. Howe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. A. Howe* 8/7/96 (954) 726-1095

CR2E034 (3/96)