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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J06481

1. Corporation Name 121 CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: STATE ROAD 121 SOUTH MCCLENNY FL 32063; Mailing Address: 3701 EMERSON ST. JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 03/28/1986; 4. FEI Number: 59-2653448; 5. Certificate of Status Desired: \$8.75 Additional Fee Required; 6. Election Campaign Financing: \$5.00 May Be Added to Fees; 8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

2. Principal Place of Business; 2a. Mailing Address; 21-24. Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: HOWARD, MILT 3912 WAYLAND STREET JACKSONVILLE FL 32211; 10. Name and Address of New Registered Agent; 81-85. Name, Street Address, City, Zip Code

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS; 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP for each officer/director.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Name] Date: 3-10-99 Daytime Phone #: [Number]

CR2E034 (11/98)