FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:13

DOCUMENT # **K71109** **(8)**

1. Corporation Name
TOWNSHIP MEN'S CLUB, INC.

Principal Place of Business	Mailing Address
2660 N. CARAMBOLA CIRCLE APT. #105 COCONUT CREEK FL 33066	2660 N. CARAMBOLA CIRCLE APT. #105 COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 65-0009945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMAN, PAUL A
2660 N CARAMBOLA CIR
APT 105
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	FINKEL, LOU / RAY DAVIS	12 NAME	
STREET ADDRESS	2845 DAHOON AVE / 2713 CALLIANDA TER	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL / COCONUT CREEK FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	KOVEL, AL / ROBERT WOODMAN	22 NAME	
STREET ADDRESS	4174 N.W. 22ND ST. / 4269 CARAMBOLA CIRCLE S.	23 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL / COCONUT CREEK, FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	ABRAMSKY, NORMAN	32 NAME	
STREET ADDRESS	4119 CARAMBOLA CIRCLE S.	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	AERBONE, ANTHONY / HAROLD SHEKS	42 NAME	
STREET ADDRESS	2812 S. CARAMBOLA CIRCLE / 2516 BLUE SAGE	43 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL / COCONUT CREEK FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, PAUL A.	52 NAME	
STREET ADDRESS	2660 N. CARAMBOLA CIRCLE	53 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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.

SIGNATURE: Paul Freeman TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119000 CP