



FILED

Jan 15 1998 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>FILED Jan 15 1998 8:00am Secretary of State</div> <div></div> <div>DO NOT WRITE IN THIS SPACE</div>	
<div>DOCUMENT # K71109 (8) 1. Corporation Name TOWNSHIP MEN'S CLUB, INC.</div>					
<div>Principal Place of Business 4412 NW 20 ST COCONUT CREEK FL 33066 US</div>			<div>Mailing Address 4412 NW 20 ST COCONUT CREEK FL 33066 US</div>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0009945	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent COHEN, MURRAY 4412 NW 20 ST 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 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	<input type="checkbox"/> DELETE			
NAME	ABRAMSKY, NORMAN				
STREET ADDRESS	4119 CARAMBDA CIRCLE SO				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	TORTORA, THOMAS				
STREET ADDRESS	4663 CARAMBOLA CIRCLE NORTH				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	LEVINE, STANLEY				
STREET ADDRESS	2464 EPISA AVENUE				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	SACKS, HAROLD				
STREET ADDRESS	2516 BLUE SAGE				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	PECKMAN, MILTON				
STREET ADDRESS	4211 NW 22 ST				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	COHEN, MURRAY				
STREET ADDRESS	4412 NW 20 ST				
CITY - ST - ZIP	COCONUT CREEK FL				
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		VP Friedman, Jerry			
3.3 STREET ADDRESS		2100 NW 45 AVE			
3.4 CITY - ST - ZIP		Coconut Creek FL 33066			
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		VP Bromberg, Bill			
5.3 STREET ADDRESS		2604 CARAMBOLA Cir.			
5.4 CITY - ST - ZIP		Coconut Creek FL 33066			
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 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 60, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE-**

Murray Cohen JF MURRAY COHEN

TEXAS

1-5-98

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