## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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APPROVED AND

FILED

1997 SEP 26 AM 11: 26

CLUB I	1005e Heal Estate, in	IU.					
Principal Plac	ce of Business	Mailing Address				- FREDRICH CON HINE HENN CONN CONTRACT	BIJIN BIDIN DIBIN BIDIN DIBIN BIBIH INDI
2000 WEBBER ST SUITE 4A SARASOTA FL 34239		2000 WEBBER ST SUITE 4A SARASOTA FL 34239	2000 WEBBER ST SUITE 4A		DO NOT WRITE	N THIS SPACE	
US	. 04200	U\$				3. Date Incorporated or Qualified 12/15/1989	3e. Date of Last Report 04/30/1996
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0159266	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star 23	le	City & State  City & State  6. Election Campaign Financing Trust Fund Contribution  Added to Fees					
Zip	Country	Zip	Co	untry		8. This corporation owes or has pai	the current year Intangible
24	25	29	30			Personal Property Tax due June	
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Reg	istered Agent
	Kor, Paul J.			81	Name		1
	OO WEBBER ST			82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)
SA	RASOTA, 34239						·
				83			
				84	City		FL 85 Zip Code
office or agent 1 a SIGNATURE	registered agont, or both, in the St am familiar with, and accept the of	tate of Florida. Such change w oligations of, Section 607.0505 DULOL	as authorize , Florid Sta	ed by ituly's	The corporal	poration submits this statement for the pulion's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
12.	<del></del>	AND DIRECTORS	13.		il signmare requir	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1	ITLE			☐ Change ☐ Addition ₹
NAME	DUKOR, PAUL		1.21	IAME			
STREET ADDRESS	2000 WEBBER ST.		1.3 9	STREET A	ADDRESS		[8
CITY-ST-ZIP	SARASOTA FL		1.4 (	CITY-ST	-ZIP		ž{
TITLE		DELETE	2.11				Change Addition
NAME			221	IAME		7000023	076576 📗
STREET ADDRESS			2.3 9	STREET A	ADDRESS	-09/30/9	076576   701041003
CITY-ST-ZIP	]		2.4	CITY-SI	1 - ZIP	****750	.00 ****750.00
TITLE		DELETE	3.1 1	TILE			Change Addition
NAME			3.2 A	IAME			
STREET ADDRESS			3.3 9	TREET A	ADDRESS .		ļ
CITY-ST-ZIP			3.4.	CITY-ST	T - ZIP		
TITLE		☐ DELETE	411	ITLE			Change Addition
NAME			4 2	NAME	İ		
STREET ADDRESS	Į		4.3 5	THEET A	ADDRESS		ļ
CITY-ST-ZIP		D. D.E. C. C.		HZ-YIK	- ZIP		17.0
TITLE		☐ DELETE	5.13			•	Change Addition
NAME			5.21	IAMÉ	- 1		
STREET ADDRESS			. I		[		
CITY-ST-ZIP	ነ				ADDRESS		
TITLE		T neitre	5.4 (	HIY-SI			Channel Millian
		DELÉTE	5.4 ( 6.1 ]	HTY-ST			Chango Changon
NAME OXDEET ADDRESS		☐ DELÉTE	5.4 ( 6.1 T 6.2 h	HTY-ST HTLF IAME	-ZIP		Change Change
NAME STREET ADDRESS CITY-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ DELETE	5.4 ( 6.1 1 6.2 h 6.3 S	HTY-ST HTLF IAME	-ZIP ADDRESS		Change Li Addition

14. I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.