## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(0)

**CLUB PRODUCTS & SERVICES, INC.** 

## **FILED** Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				T EMBINARE BIN LAUGH BEIDN OTLOG SINGH BINN DEDEL BEBEN BEIDN DEDEL BEBEN DEDEL BEBEN DEDEL BEBEN DEDEL BEDEN
3614 CASABLANCA AVENUE ST. PETERSBURG BEACH FL 33706 US		3614 CASABLANCA AVENUE ST. PETERSBURG BEACH FL 33706 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				05/30/1990
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>65-0205222</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Regulred
City & State	В	City & State		6. Election Campaign Financing \$5.00 May Be
23	1 0	28	T	Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. Yes No
3614 CASABLANCA AVENUE  82 Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG BEACH FL 33706				
				3614 CASABLANCA AVE
			84 City	ST. PETE BONCH FL 85 Zin Code 33706
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 from or both, in the trate 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 typour printed name of required agent and title if applicable (NOTE Registered Agent signature required when reinstating)  Date				
12,	Signature types i printed name of registered agent a OFFICERS AND I		1E Registered Agent signature	
TITLE	OVT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	VANEMBURGH, VYDA A	<u> </u>	1.2 NAME	VYDA A VAN EMBURLA
STREET ADORESS	3614 CASABLANCA AVENUE		1.3 STREET ADDRESS	A 100 to 400 augustu
CITY-ST-ZIP	ST. PETE BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DPS	DELETE	2.1 TITLE	<b>★</b> Change
NAME	EMBURGH, CARL VAN		2.2 NAME	CARL VAN EMBIRGL
STREET ADDRESS	3614 CASABLANCA AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>ST.</u> PETE BEACH BEACH FL		2. 4 CITY-S1-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		L DELEȚE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-ST-ZIP		The sec	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	L Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	****	☐ DELETE	5.4 CHY-ST-ZIP	
NAME			6.1 TITLE	L Change Addilion
STREET ADDRESS			6.2 NAME	1
			6.3 STREET ADDRESS	
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	er 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 the attachment with an address.				

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