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 # 1. Corporation Name L95285

(7)

FILED Apr 20 1998 8:00am Secretary of State

CUSTO	OM CLUBS OF SARASOTA,	INC.			
Principal Plac	e of Business	Mailing Address			EIL BIBII DIBII DIBII 1081
8101 COOPER CREEK BLVD UNIVERSITY PARK FL 34201 US US 8101 COOPER CREEK BLVD UNIVERSITY PARK FL 34201 US US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		08/22/1990 4. FEI Number	l Annière Con
21		26		65-0213704	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25	29 3	30		Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Ag	jent
BARNES, DAVID B.				AUID B. BARNES	
ANTA MI AGORNAGO DIDAT DA D			82 Street A	ddress (P.O. Box Number is Alot Acceptable)	
SARASOTA FL 34243				ddress (P.O. Box Number is Not Acceptable) BL	
			83		. "
			84 City	UERSITY PARK FL	85 Zip Code
					hanging its registered
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.					
Į.	am marmilar wain, and accept the obliga	ations of, Section 607.0505, Fion	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	int and tile if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE	
12,	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.4 TITLE		Change Addition
NAME	BARNES, DAVID B.		1.2 NAME		
STREET ADDRESS	8101 COOPER CREEK BLVD		1.3 STREET ADDRESS	- A 5 - H A A A A . H	0.10 1
CITY-ST-ZIP	UNIVERISTY PARK FL		1.4 CITY-ST-ZIP	UNIVERSITY PARK, FL	3420
TITLE	DST	☐ DELETE	2 1 TITLE	ľ.	Ճ Change ☐ Addition
NAME	BARNES, ELIZABETH C.		2.2 NAME		
STREET ADDRESS	8101 COOPER CREEK BLVD		2.3 STREET ADDRESS		34801
CITY-ST-ZIP	UNIVERSITY PARK FL		2. 4 CITY-ST-ZIP	, <u>.</u> , , , , , , , , , , , , , , , , , , ,	
TITLE		L DELETE	3.1 TITLE	L	Change L Addition
NAME STREET APPOING			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 THILE		Change Addition
NAME		tad pectre	4. 2 NAME	_	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME	_	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CfTY - 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—further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if rhade 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 or fin attachment with an address.