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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M79818 1. Corporation Name

ATLANTIC BEACH CLUBS-ONE, INC.

Principal Pla	ce of Business	Mailing Address				. A . 18 . B . 14 8 4 1 1 1 1 1 1 1 1 1 1	IC BIBLI BIBLI BIBLI	818H B18H 18 T 1
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P O BOX 22684 P O BOX 22684				İ		•		
FT LAUDERDALE FL 33335 FT LAUDERDALE FL 33335			3 5	L	DO NOT WRITE IN THIS SPACE			
				1,	3 Date Incorporated or 0	Qualifed		
					05/02/1988			
	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			<u>65-0062409</u>		N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired	\$8.75	Additional
22		27			5. Certificate of Status De	ssiled 🗆	Fee R	equired
City & Sta	ite	City & State			6. Election Campaign Fin	nancing 📥	\$5.00	May Be
23		28			Trust Fund Contributio			to Fees
Zip	Country	Zip	Country		8. This corporation owes	the current year I	intangible	
24	25	29	30		Personal Property Tax		A Ves	□No
	9. Name and Address of (Current Registered Agent		1	0. Name and Address o	f New Registere	d Agent	
	***** PH !	:	81 1	Name				
ULLMAN, BILL			82 5	Ctonet Address	ddress (P.O. Box Number is Not Acceptable)			
	.E. THIRD AVE.		02	Sueer Address	(P.O. Box Number is Not	Acceptable)		
	0 AMERIFIRST BLDG.		83	-		S C 198 (27 20)	7 . 187. 341	2.3 1 412 m 26 31
MIA	MI FL 33131				上於日間日本語	自身。同學問題		35 36 61
			84 (City	en en an lia	E	85 Zip	Code
11 Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	ites the above n	amed corporat	ion outmite this statement	for the number		:-
				e corporation's	board of directors. I hereb	or the purpose of accept the app	or cnanging its ointment as re	registered
								J
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agent. 1 a	am ramiliai witii, and accept the	obligations or, Section 607.0505, Fi	onda Statutes.		· .			
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable. (NOT	E: Registered Agent sig			DATE		
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOT	E: Registered Agent sig		ADDITIONS/CHANGES			
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

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