FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:00

DOCUMENT # **M84718** **(9)**

1. Corporation Name
CLUB L, INC.

Principal Place of Business	Mailing Address
C/O PAUL THIBADEAU 249 ROYAL PALM WAY 4TH FLOOR PALM BEACH FL 33480	C/O PAUL THIBADEAU 249 ROYAL PALM WAY 4TH FLOOR PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Paul Thibadeau	26 c/o Paul Thibadeau
22 Suite, Apt. #, etc. 350 South County Road	27 Suite, Apt. #, etc. 350 South County Road
23 City & State Palm Beach, FL	28 City & State Palm Beach, FL
24 Zip 33480 25 Country USA	29 Zip 33480 30 Country USA

4. FEI Number: 65-0061807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THIBADEAU, PAUL ESQ
249 ROYAL PLAM WAY, 4TH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 350 South County Road
83
84 City Palm Beach FL 85 Zip Code 33480

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: _____ DATE: 4/5/95
(Signature, type or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SESSA, LEONARD	12 NAME	
STREET ADDRESS	249 ROYAL PALM WY 4TH FL	13 STREET ADDRESS	350 South County Road
CITY ST ZIP	PALM BEACH FL	14 CITY ST ZIP	Palm Beach, Florida 33480
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	SESSA, SUNNY	22 NAME	
STREET ADDRESS	249 ROYAL PALM WY 4TH FL	23 STREET ADDRESS	350 South County Road
CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	Palm Beach, Florida 33480
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Leonard Sessa 4/5/95 407-8950551

0278701 CP