FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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

1. Corporation Name

CLUB L, INC.

Principal Place of Business

C/O PAUL THIBADEAU
350 SOUTH COUNTY ROAD
PALM BEACH FL 33480
US

Mailing Address

C/O PAUL THIBADEAU
350 SOUTH COUNTY ROAD
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified: 06/08/1988	3a. Date of Last Report: 04/13/1995
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

2. Principal Place of Business
21 c/o Paul Thibadeau
Suite, Apt. #, etc.
22 324 Royal Palm Way #201
City & State
23 Palm Beach, FL
Zip
24 33480
Country
25 Palm Beach

2a. Mailing Address
26 c/o Paul Thibadeau
Suite, Apt. #, etc.
27 324 Royal Palm Way #201
City & State
28 Palm Beach, FL
Zip
29 33480
Country
30 Palm Beach

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
350 SOUTH COUNTY ROAD
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
324 Royal Palm Way, Suite201
83
84 City
Palm Beach
FL
85 Zip Code
33480

11. Pursuant to the provisions of Section 607.0502 or 617.1916, 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. Signature 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 607.325, Florida Statutes.

SIGNATURE 1/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SESSA, LEONARD	
STREET ADDRESS	~~240 ROYAL PALM WAY 4TH FL~~	
CITY-ST-ZIP	~~PALM BEACH FL~~	
TITLE	ST	☐ DELETE
NAME	SESSA, SUNNY	
STREET ADDRESS	~~240 ROYAL PALM WAY 4TH FLR~~	
CITY-ST-ZIP	~~PALM BEACH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☒ Change ☐ Addition
2 NAME	N/A	
3 STREET ADDRESS	P.O. Box 445	
4 CITY-ST-ZIP	Palm Beach, FL 33480	
5 TITLE		☒ Change ☐ Addition
6 NAME	N/A	
7 STREET ADDRESS	P.O. Box 445	
8 CITY-ST-ZIP	Palm Beach, FL 33480	
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE	$200.00 2/5/96	☐ Change ☐ Addition
22 NAME	Deposited by Bank	
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and is in compliance with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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] Pres 1/30/96
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

2/5/96