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

APPROVED AND FILED

95 MAY -1 PM 12:29

TALLAHASSEE, FLORIDA

100001494391
-05/19/95--01032--008
****200.00 ****200.00

DOCUMENT # **M99990** **(7)**

1. Corporation Name

CHARLOTTE COUNTY DINNER CLUB INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
JACK GOLDROSEN 1222 WATERSIDE ST PORT CHARLOTTE FL 33982	JACK GOLDROSEN 1222 WATERSIDE ST PORT CHARLOTTE FL 33982

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business: ROBERT KOZOMAN
21 3517 PEACE RIVER DRIVE
22 Suite, Apt. #, etc.
23 City & State: PUNTA GORDA, FL
24 Zip: 33983 25 Country

2a. Mailing Address: ROBERT KOZOMAN
26 3517 PEACE RIVER DR
27 Suite, Apt. #, etc.
28 City & State: PUNTA GORDA, FL
29 Zip: 33983 30 Country

4. FEI Number: 65-0074992 ☐ 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	10. Name and Address of New Registered Agent
WATERS, HORACE 23033 WEST CHESTER BLVD D101 PORT CHARLOTTE FL 33980	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: Horace Waters — HORACE WATERS, VTD — DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	GOLDROSEN, JACK	12 NAME	KOZOMAN, ROBERT
STREET ADDRESS	1222 WATERSIDE ST	13 STREET ADDRESS	3517 PEACE RIVER DRIVE
CITY ST ZIP	PORT CHARLOTTE FL 33982	14 CITY ST ZIP	PUNTA GORDA, FLORIDA 33983
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	WATERS, HORACE	22 NAME	
STREET ADDRESS	23033 WESTCHESTERBLVD	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL 33980	24 CITY ST ZIP	
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	WATERS, LOUISE	32 NAME	KOZOMAN, LEONARD
STREET ADDRESS	23033 WESTCHESTER BLVD	33 STREET ADDRESS	1047 HARBOUR BEACH DRIVE
CITY ST ZIP	PORT CHARLOTTE FL 33980	34 CITY ST ZIP	PUNTA GORDA, FLORIDA 33983
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	**REMITTED BY MAY 1**
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 the 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: Robert L Kozoman — 4/10/95 — 813 627 1576
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT L. KOZOMAN 3517 PEACE RIVER DRIVE, PUNTA GORDA, FL 33983

0329066 CP