

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 # M99990

(7)

1. Corporation Name

CHARLOTTE COUNTY DINNER CLUB INC.



Principal Place of Business

ROBERT KOZOMAN
3517 PEACE RIVER DR
PUNTA GORDA FL 33983

Mailing Address

ROBERT KOZOMAN
3517 PEACE RIVER DR
PUNTA GORDA FL 33983

3. Date Incorporated or Qualified
09/19/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2040 DEBORAH DRIVE
Suite, Apt. #, etc.

26 2040 DEBORAH DRIVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 PUNTA GORDA, FL.

28 PUNTA GORDA, FL

24 Zip 33950 Country

29 Zip 33950 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KOZOMAN, ROBERT
STREET ADDRESS 3517 PEACE RIVER DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33983

1.1 TITLE PD
1.2 NAME JAMES C. VAN DOOREN
1.3 STREET ADDRESS 2040 DEBORAH DRIVE
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 33950

TITLE VTD
NAME WATERS, HORACE
STREET ADDRESS 23033 WESTCHESTERBLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME KOZOMAN, LEONARD
STREET ADDRESS 1047 HARBOUR DRAKE DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33983

3.1 TITLE SD
3.2 NAME NANCY DAWSON
3.3 STREET ADDRESS 1780-24 DEBORAH DRIVE
3.4 CITY-ST-ZIP PUNTA GORDA, FL. 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

James C. Van Dooren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (941) 575-1471
Date Daytime Phone #

CR2E034 (12/95)