

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 JUN 15 AM 11:48

DOCUMENT # **N02854** (0)
T. Corporation Name

MR. AND MRS. CLUB OF MIAMI BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**18011 BISCAYNE BLVD
1 S #101
N MIAMI BEACH FL 33160**

Mailing Address
**18011 BISCAYNE BLVD
1 S #101
N MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified **05/01/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2444452** Applied For Not Applicable

2. Principal Place of Business
21 **18011 Biscayne Blvd.**
Suite, Apt. #, etc.
22 **1 S # 101**
City & State
23 **N. Mia. Bch. Fl.**
Zip Country
24 **33160** 25 **Dade**

2a. Mailing Address
26 **Same**
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ABRAHMS, DANIEL
18011 BISCAYNE BLVD
1 S #101
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature: typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | PD |
| NAME | ABRAHMS, DANIEL |
| STREET ADDRESS | 18011 BISCAYNE BLVD #101 |
| CITY - ST - ZIP | N. MIAMI BCH. FL |
| TITLE | VD |
| NAME | ROBISON, MAXINE |
| STREET ADDRESS | 9072 FROUDE AVE |
| CITY - ST - ZIP | SURFSIDE FL |
| TITLE | SD |
| NAME | DREW, RICHARD |
| STREET ADDRESS | 9027 FROUDE AVE |
| CITY - ST - ZIP | SURFSIDE FL |
| TITLE | SD |
| NAME | LUTTINGER, PHYLLIS |
| STREET ADDRESS | 3280 NE 165 ST |
| CITY - ST - ZIP | N MIAMI BEACH FL |
| TITLE | TD |
| NAME | BALKIN, MARVIN |
| STREET ADDRESS | 1200 NE MIAMI GARDENS DR |
| CITY - ST - ZIP | N MIAMI BEACH FL |
| TITLE | SD |
| NAME | TOBAK, ESTHER |
| STREET ADDRESS | 2930 POINT E DR #E 606 |
| CITY - ST - ZIP | N MIAMI BEACH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Sandra B. Mortham, Pres.* 931 4554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____