FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N07874** **(3)**

1. Corporation Name

CENTRAL FLORIDA 10-13 CLUB, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM MCCUSKER 1250 LAKE ROGERS CIRCLE OVIEDO FL 32765	C/O WILLIAM MCCUSKER 1250 LAKE ROGERS CIRCLE OVIEDO FL 32765

3. Date Incorporated or Qualified: 02/28/1985
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21 C/O ARTHUR ADDEO
Suite, Apt. #, etc.
22 13020 QUAIL CT
City & State
23 ORLANDO FL
Zip 24 32828 Country 25

2a. Mailing Address
26 13020 QUAIL CT
Suite, Apt. #, etc.
27
City & State
28 ORLANDO
Zip 29 32828 Country 30

4. FEI Number: 59-2502645 ☐ 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**

WILLIAM J. MCCUSKER
1250 LAKE ROGERS CIRCLE
OVIEDO FL 32765

10. **Name and Address of New Registered Agent**

81 Name: ARTHUR ADDEO
82 Street Address (P.O. Box Number is Not Acceptable): 13020 QUAIL CT
83
84 City: ORLANDO FL 85 Zip Code: 32828

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William J. McCusker Pres. DATE: 2-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	11 TITLE	P	☑ Change ☐ Addition
NAME	DICEMBRE, JOHN		12 NAME	ARTHUR ADDEO	
STREET ADDRESS	1785 E. CHERYL DR.		13 STREET ADDRESS	13020 QUAIL CT	
CITY-ST-ZIP	WINTER PARK FL		14 CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	☑ DELETE	21 TITLE	S	☑ Change ☐ Addition
NAME	HARRIS, ANDY		22 NAME	BROWN - BRUCE	
STREET ADDRESS	3313 BERRIDGE LANE		23 STREET ADDRESS	5761 GOLDENWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32812		24 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	☑ DELETE	31 TITLE	T	☑ Change ☐ Addition
NAME	MCCUSKER, WILLIAM		32 NAME	HARRIS ANDY	
STREET ADDRESS	1250 LAKE ROGERS CIRCLE		33 STREET ADDRESS	3313 BERRIDGE LANE	
CITY-ST-ZIP	OVIEDO FL 32765		34 CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☑ DELETE	41 TITLE	VICE P	☑ Change ☐ Addition
NAME	JACOBSEN, IRWIN		42 NAME	GOLAS STAN	
STREET ADDRESS	7445 BETTY ST.		43 STREET ADDRESS	321 DORCHESTER CT	
CITY-ST-ZIP	WINTER PARK FL		44 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☑ DELETE	51 TITLE	D	☑ Change ☐ Addition
NAME	KNAB, ROY		52 NAME	~~JOHN~~ DICEMBRE JOHN	
STREET ADDRESS	612 LAKE SPUT LANE		53 STREET ADDRESS	1785 E CHERYL DR	
CITY-ST-ZIP	ALTAMONTE SPGS. FL		54 CITY-ST-ZIP	WINTER PK FL 32792	
TITLE	D	☑ DELETE	61 TITLE	D	☑ Change ☐ Addition
NAME	ADDEO, EUGENE		62 NAME	MC CUSKER WILLIAM	
STREET ADDRESS	2311 CASTLEWOOD RD.		63 STREET ADDRESS	1250 LAKE ROGERS CIRCLE	
CITY-ST-ZIP	MAITLAND FL		64 CITY-ST-ZIP	OVIEDO FL 32765	

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Dicembre 2-26-96 407-679-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN DICEMBRE