

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

APPROVED
AND
FILED
95 MAY -1 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10258 (4)**

1. Corporation Name

KWAN'S CLUB OF THE PLAYGROUND AREA, INC.

Principal Place of Business

Mailing Address

ATTN: GEORGE LANGGUTH
5545 BENCHMARK LANE
SANFORD FL 32773-8116
US

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5545 BENCHMARK LANE
SANFORD FL 32773-8116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1985	3a. Date of Last Report 04/08/1994
4. FBI Number 59-6569622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

LANGGUTH, GEORGE
5545 BENCHMARK LANE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	KROLL, BOB
STREET ADDRESS	784 NAVY ST
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	P
NAME	YOUNG, JOE S
STREET ADDRESS	1675 W HIGHWAY 98
CITY - ST - ZIP	MARY ESTHER FL
TITLE	V
NAME	MURTHA, JIM
STREET ADDRESS	21 NE BAY DRIVE
CITY - ST - ZIP	FT WALTON BEACH FL
TITLE	SD
NAME	BAILEY, MIKE
STREET ADDRESS	835 VITA LANE
CITY - ST - ZIP	FT WALTON BEACH FL
TITLE	D
NAME	PATE, ELIZABETH
STREET ADDRESS	130 ALDER AVENUE
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	D
NAME	GASPARIAN, RICH
STREET ADDRESS	819 MANGOLIA SHORES
CITY - ST - ZIP	NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICH GASPARIAN	
1.3 STREET ADDRESS	819 MAGNOLIA SHORES	
1.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIZABETH PATE	
2.3 STREET ADDRESS	2747 RIVER RUN ROAD	
2.4 CITY - ST - ZIP	NAVARRE, FL 32536	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUE LEFFEW	
3.3 STREET ADDRESS	1931 ESTIVAL	
3.4 CITY - ST - ZIP	FT. WALTON BEACH, FL 32547	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTHA C. BOND	
4.3 STREET ADDRESS	223 BAYOU WOODS DRIVE	
4.4 CITY - ST - ZIP	FT. WALTON BEACH, FL 32548	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LINO MALDONADO	
5.3 STREET ADDRESS	223 BAYOU WOODS DRIVE	
5.4 CITY - ST - ZIP	FT. WALTON BEACH, FL 32548	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOE YOUNG	
6.3 STREET ADDRESS	1455 W. HIGHWAY 98	
6.4 CITY - ST - ZIP	MARY ESTHER, FL 32569	

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: Elizabeth M. Pato Date: 4-18-95 (904) 837-2528