	FILE N	IOW: FILIN	G FEE 18 \$61	<u>.25</u>			_		
NONPROFIT CORPORATION ANNUAL REPORT 1996.			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # N11748 (3) 1. Corporation Name									
		LF CLUB, INC.							
Principal Place of Business Mailing Address								ili Bidit siste Aran an	111 BIBIT BIBIT TABI
6005 OLD DIXIE HIGHWAY 6005 OLD DIXIE HIGHWAY									
VERO BEACH I	FL 32967-7528		VERO BEACH FL 32967-7528				3. Date Incorporated or Qualified 10/25/1985	3a. Date of La 02/21/	
2. Principal Plac	2a. Mailing Address	ress			4. FEI Number		Applied For Not Applicable		
21			26				65-0081639	\$8.	75 Additional
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				Certificate of Status Desired		e Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
7in Country			Zip Country				8. This corporation has liability for in	itangible tax under	rs. 199.032,
Zip 24	25	1	29	30			Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name ar	nd Address of Current	Registered Agent		81	Name	(U. Name and Address of Now III		
OLIMAND TOTAL						Street A	ddress (P.O. Box Number is Not Acceptable	Θ)	
GILMOUR, JOHN V 6005 OLD DIXIE HIGHWAY						Silect	Octions (10)		
VERO BEACH FL 32967					83				
					84	City		FL 85	Zip Code
11. Pursuant t or register familiar wit	o the provision ed agent, or bo th, and accept	s of Sections 617.0502 oth, in the State of Florid the obligations of, Section	and 617.1508, Florida Statute a. Such change was authoriz on 617.0503, Florida Statutes	es, the a ed by th	above-t he comp	named cor oration's l	rporation submits this statement for the purpopard of directors. I hereby accept the appo	oose of changing intment as registe	its registered office red agent. I am
SIGNATURE	Flanchus Arond &	printed name of registered agent a	and title if applicable. (NC	TE: Regist	tered Age	nt signature re	iquired when reinstating)	DATE DIDE	CTODS IN 12
12.	Signature, typos or	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
TITLE	PD	MOELETE 1.1					Edwin W. Pfeiffer		
NAME	NAME DEMARTINI, F. E					t address	1760 Pelican Way		
	STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 1.4					ST-ZIP	Vero Beach, FL 32	963 📉 Chai	nne Addition
TITLE	VD VD		DELETE		2.1 TITLE		Xice-Presion VD	E3 Cila	rge LJ Rodillon
NAME	KETTH, JO				2.2 NAME	T ADDRESS	681 Lake Drive		
STREET ADDRESS		AIA, #206			2.3 STREE 2. 4 CiTY		Vero Beach, FL 32		
CITY-ST-ZIP	VERO BE	AUT FL			2. 7 0111			Cha	inge Addition

SIGNATUI 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZI DELETE 3 1 TITLE THILE 3.2 NAME GILMOUR, JOHN V NAME 3.3 STREET ADDRESS 716 SANDFLY LANE STREET ADDRESS 34. CITY-ST-ZIP VERO BEACH FL Change ■ Addition CITY-ST-2IP DELETE 4.1 TITLE TITLE 4. 2 NAME CAIRNS, WILLIAM G NAME 43 STREET ADDRESS 5400 N. AIA, F21 STREET ADDRESS 4.4 CITY-ST-ZIP VERO BEACH FL Addition CITY-ST-ZIP Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Addition 4000017568**5**4% CITY-ST-ZIP DELETE 61 TITLE TITLE -03/26/96--01031--027 6.2 NAME ***61.25 6 3 STREET ADDRESS STREET ADDRESS

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 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 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 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 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 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 under under 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 certified in the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this

SIGNATURE:

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407-585-5404 Daytime Phone #