SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8) 10-13 CLUBS OF AMERICA, INC. Principal Place of Business Mailing Address C/O FRANK TOOLEY C/O FRANK TOOLEY PO BOX 63-8872 PO BOX 63-8872 MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1986 03/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number FRANK Applied For Loot 10015 FRANK 59-0247526 Not Applicable Suite, Apt. #, etc. 411 COCONUT 4411 COLOMYT GOLER BLUD \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be GLONY CREEK Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 U Florida Statutes 9. Name and Address of Current Registered Agent Yes No Name and Address of New Registered Agent 81 Name TOOLEY, FRANK Street Address (P.O. Box Number is Not Acceptable) 82 4411 COCONUT CREEK BLVD **COCONUT CREEK FL 33066** 84 City Zip Code 85 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 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** 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 DELETE 88 88 1.1 TITLE Change BARASCH, PAUL Addition NAME 1.2 NAME RICHARD LAPP 1268 NW 112 WAY 5524 A LAKEWOOD CIR STREET ADDRESS CR2E037 1.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 1.4 CITY - ST - 21P CORAL SPAINGS 33071 TITLE DELETE 2.1 TITLE Change RALPH, WILLIAM Addition NAME 22 NAME 400 N FEDERAL HWY #611 STREET ADDRESS 2.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 31 TITLE TOOLEY, FRANK Change Addition NAME 3.2 NAME 4411 COCONUT CREEK BY STREET ADDRESS 3.3 STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP 3.4. CITY-ST-2IP TITLE DELETE 4.1 TITLE CARROLL, RICHARD Change Addition NAME 4 2 NAME RICHARD CHRROLL 822 SO OAK CREST PATH STREET ADDRESS 822-50 OAKCREST PATH 4.3 STREET ADDRESS LECANTO FL CITY - ST - ZIP LECANTO FL 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE Change CODY, JOHN Addition NAME 5.2 NAME 3620 BLUEBELL LANE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP HOLIDAY FL 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change CONDON, WILLIAM Addition NAME 6 2 NAME STREET ADDRESS PO BOX 3739 N/A 63 STREET ADDRESS PT CHARLOTTE FL 33949 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGH