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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14155 (8)

1. Corporation Name

10-13 CLUBS OF AMERICA, INC.



Principal Place of Business

Mailing Address

TOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066
USTOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066-1742
US

3. Date Incorporated or Qualified

04/02/1986

3a. Date of Last Report

06/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0247526

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAC
LAPP, RICHARD
1268 NW 112 WAY
CORAL SPRINGS FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Change ☒ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
RALPH, WILLIAM
400 N FEDERAL HWY #611
DEERFIELD BCH FL☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DS
JAMES ZARB
520 SE 30 ST
CAPE CORAL FL 33904
Change ☐ Addition ☒TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TOOLEY, FRANK
4411 COCONUT CREEK BV
COCONUT CREEK FL 33066☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
CARROLL, RICHARD
822 SO OAKCREST PATH
LECANTO FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CODY, JOHN
3620 BLUEBELL LANE
HOLIDAY FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONDON, WILLIAM
PO BOX 3739 N/A
PT CHARLOTTE FL 33949☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK TOOLEY 1/11/97 954 9725 983
Date Daytime Phone # 0025503

CR2E037 (9/96)