

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14155 (8)**

1. Corporation Name  
**10-13 CLUBS OF AMERICA, INC.**



Principal Place of Business <b>TOOLEY, FRANK</b> <b>4411 COCONUT CREEK BLVD</b> <b>COCONUT CREEK FL 33066</b> <b>US</b>	Mailing Address <b>TOOLEY, FRANK</b> <b>4411 COCONUT CREEK BLVD</b> <b>COCONUT CREEK FL 33066</b> <b>US</b>
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3. Date Incorporated or Qualified <b>04/02/1986</b>	
4. FEI Number <b>59-0247526</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>9. Name and Address of Current Registered Agent</b> <b>TOOLEY, FRANK</b> <b>4411 COCONUT CREEK BLVD</b> <b>COCONUT CREEK FL 33066</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPP, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>1268 NW 112 WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZARB, JAMES</b>	2.2 NAME	<b>D LEONARD LETIZIA</b>
STREET ADDRESS	<b>520 SE 30 STREET</b>	2.3 STREET ADDRESS	<b>14153 SCRUB OAK LANE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	2.4 CITY-ST-ZIP	<b>BROOKVILLE FL 34613</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOOLEY, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>4411 COCONUT CREEK BV</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>822 SO OAKCREST PATH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LECANTO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODY, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>3620 BLUEBELL LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONDON, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>PO BOX 3739 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL 33949</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Frank Tooley* **FRANK TOOLEY** 11/10/98 2149725983

CR2E037 (10/97)