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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N27929 (1)**

**1. Corporation Name  
SAHARA CLUB, INC.**

**Principal Place of Business Mailing Address**  
2507 S. SANFORD AVENUE SANFORD FL 32773-4608  
2507 S. SANFORD AVENUE SANFORD FL 32773-4608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/17/1988</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2928865</b>	Applied For <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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**9. Name and Address of Current Registered Agent**  
WHALEN, RICHARD J.  
274 LIVE OAK BLVD  
SANFORD FL 32773

**10. Name and Address of New Registered Agent**  
81 Name **Judy K. Warren**  
82 Street Address (P.O. Box Number is Not Acceptable) **2934 White Pine Lane**  
83  
84 City **Longwood** FL 85 Zip Code **32750**

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 Judy K. Warren Judy K. Warren **4-12-95**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DAVIS, BILL 1812 S LOCUST AVENUE GENEVA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MONROE, JAMES FOSTER 108 HAMLIN CT S LONGWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD WHALEN, RICHARD J 274 HAMLIN CT S SANFORD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P/O Sam Saparito 250 New Gate Loop Heathrow, FL 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>V/D Mindy Clements, Carroll C. 300 Satsuma Drive Sanford FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>T/D Judy K. Warren 2934 White Pine Lane Longwood, FL 32750</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>S/D Carolyn McCarthy 701 Mandarin Ave. Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 110.07(3)(b), 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: Judy K. Warren **4-12-95** 407-321-8212  
Signature and typed or printed name of signing officer or director Date Daytime Phone #