

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27929 (1)
1. Corporation Name
SAHARA CLUB, INC.



Principal Place of Business Mailing Address
2587 S. SANFORD AVENUE SANFORD FL 32773-4606

3. Date Incorporated or Qualified **08/17/1988** 3a. Date of Last Report **04/18/1995**

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 **59-2929865** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JUDY K WARREN
2934 WHITE PINE LANE
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
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 17.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/23/96**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM SAPORITO	1.2 NAME	Carroll J. Clements
STREET ADDRESS	250 NEW GATE LOOP	1.3 STREET ADDRESS	300 Satsuma Drive
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, CARROLL C	2.2 NAME	Phil Bettis
STREET ADDRESS	300 SATSUMA DRIVE	2.3 STREET ADDRESS	2710 Orlando Dr.
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY K WARREN	3.2 NAME	Sergio Mora
STREET ADDRESS	2934 WHITE PINE LAKE	3.3 STREET ADDRESS	514 Hassocks Loop
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN MCCARTHY	4.2 NAME	Judy K. Warren
STREET ADDRESS	701 MANADARIN AVENUE	4.3 STREET ADDRESS	2934 White Pine Lane
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000001740880
STREET ADDRESS		5.3 STREET ADDRESS	-03/13/96--01024--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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]* DATE: **1/23/96** 407-826-6559
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)