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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. McArthur  
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

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SANFORD FL 32773-4606

3. Date Incorporated or Qualified  
08/17/1988

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

6. 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

JUDY K WARREN  
2934 WHITE PINE LANE  
LONGWOOD FL 32750

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

SM SM

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME CLEMENTS, CARROLL J  
STREET ADDRESS 300 SATSUMA DRIVE  
CITY-ST-ZIP SANFORD FL 32773

1.1 TITLE D PRESIDENT  Change  Addition  
1.2 NAME EDDIE SPAULDING  
1.3 STREET ADDRESS 1241 FOUNTAIN HEAD DRIVE SW  
1.4 CITY-ST-ZIP DELTONA FL 32725

TITLE VD  DELETE  
NAME BETTIS, PHIL  
STREET ADDRESS 2710 ORLANDO DRIVE  
CITY-ST-ZIP SANFORD FL 32773

2.1 TITLE D VICE PRESIDENT  Change  Addition  
2.2 NAME BUDDY SELF  
2.3 STREET ADDRESS 176 S SM STREET  
2.4 CITY-ST-ZIP LAKE MARY FL 32746

TITLE TD  DELETE  
NAME MORA, SERGIO  
STREET ADDRESS 514 HASSOCKS LOOP  
CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME WARREN, JUDY K  
STREET ADDRESS 2934 WHITE PINE LANE  
CITY-ST-ZIP LONGWOOD FL 32750

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Sergio Mora REQUIRED

3/23/97

407-306-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014721

CR2E037 (9/96)