

4-30-98 B 60063 C
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FILED
 Apr 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 32773-4806
 2587 S. SANFORD AVENUE SANFORD FL 32773-4806

3. Date Incorporated or Qualified
 08/17/1988

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SPAULDING, EDDIE | |
| STREET ADDRESS | 1241 FOUNTAIN HEAD DRIVE | |
| CITY-ST-ZIP | DELTONA FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SELF, BUDDY | |
| STREET ADDRESS | 178 S 5TH STREET | |
| CITY-ST-ZIP | LAKE MARY FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | MORA, SERGIO | |
| STREET ADDRESS | 514 HASSOCKS LOOP | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | WARREN, JUDY K | |
| STREET ADDRESS | 2934 WHITE PINE LANE | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Self, Buddy | |
| 1.3 STREET ADDRESS | 178 S. 5th Street | |
| 1.4 CITY-ST-ZIP | Lake Mary, FL 32746 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Burt, George | |
| 2.3 STREET ADDRESS | 115 Penelope Drive | |
| 2.4 CITY-ST-ZIP | Longwood, FL 32750 | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Drolet, Michael | |
| 3.3 STREET ADDRESS | 1967 Stacey Circle | |
| 3.4 CITY-ST-ZIP | Deltona, FL 32738-4130 | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Mitchell, Carol | |
| 4.3 STREET ADDRESS | 2409 Elm Avenue | |
| 4.4 CITY-ST-ZIP | Sanford, Florida 32771 | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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)(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: _____ DATE: 4-11-98 DAYTIME PHONE: 407-321-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)