SECOND NO OUNT DUE ON OF	TICE: CORPOR R BEFORE 8/7/96	ATION WILL BE DIS : \$61.25 (IF DISSOLVEI	SOLVED ON OR AFTER D, MINIMUM AMOUNT DU	AUGUS I E TO REIN	7, 1996. STATE: \$236	5.25.)				
NONPROFIT		FLORIDA DEPARTMENT OF STATE								
CORPORATION			Sandra B. Mortham							
	LREPORT		*/	ry of State						
1996		DIVISION OF CORPORATIONS								
DOCUMENT # N28418			(4)							
OLDSM	ar, florid	A ROTARY CLUI	B, INC.					M 1811 4 1811 1 144 1 1		911 BIBAL 1 60 1
			Molling Address					D ISH UDA UJA U		4 11 01841 H001
Principal Place of Business Mailing Address Mailing Address MCHARLES S. DAYHOFF III MCHARLES S. DAYHOFF III										
**CHARLES S. DAYHOFF III P. O. BOX 1372 OLDSMAR FL 34677			P. O. BOX 1372 OLDSMAR FL 34677			3. Date Incorporated or Qualified	3a. Date o	f Last Rec	oort	
							09/19/1988		5/01/19	95
2. Principal Plac	e of Business		2a. Mailing Address	LVI			4. FEI Number 59-2953855			lied For Applicable
Suite, Apt. #,	eto.		Suite, Apt. #, etc.					\$	8.75 A	dditional
Suite, Apt. #,	eic.		27				5. Certificate of Status Desired		Fee Req	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	C	ountry	Zip	Coo	intry		8. This corporation has liability for	intangible tax	under s. 1	199.032,
4	25		29	30			Florida Statutes 10. Name and Address of New Re	Yes X N		
	9. Name and	ddress of Current R	egistered Agent		81 Nami	e	TO. Harris and the second seco			
DAYHOR	F, CHARLES	S. WI			82 Stree	et Addre	ess (P.O. Box Number is Not Acceptat	ole)		
CORNERSTONE CENTRE										
3830 TA	MPA ROAD, S	SUITE 150			83				: I = : 2	
PALM H	ARBOR FL 34	684			B4 City			FL	Zip C	code
OLONIATUEDE		ed name of registered agent a	nd title if applicable. (N		ed Agent signat		oration submits this statement for the p in's board of directors. I hereby accep ad when reinslaing) ADDITIONS/CHANGES TO OFF	DATE		
12.	PD	OFFICERS AND [DELETE		ittle	7		X	Change	Addition
NAME	PERZE;, P.		—	1.2	NAME					
STREET ADDRESS	P.O. BOX				STREET ADDRES	is				
CITY-ST-ZIP	OLDSMAR VD	FL	DELETE		CITY-ST-ZIP TITLE	P	ED	×	Change	Addition
TITLE NAME	EDWARDS	. DOUG			NAME	'				
STREET ADORESS	P.O. BOX			2.3	STREET ADDRES	ss				
CITY-ST-ZIP	OLDSMAR	FL	DELETE		CITY-ST-ZIP TITLE	-			Change	Addition
TITLE	SD NIEHOFF,	ROBERT			NAME	-			-	<u>-</u>
NAME STREET ADDRESS	P.O. BOX				STREET ADDRES	ss				
CITY-ST-ZIP	OLDSMAF				CITY-ST-ZIP	 _		- K	Change	Addition
TITLE	PED	A 144/5	DELETE		TITLE ! NAME	F	-	6 2	3y	(
NAME express andress	Pusater P.O. Box	•			street addre	ss				
STREET ADDRESS CITY-ST-ZIP	OLDSMAF			4.4	CITY - ST - ZIP				Change	Addition
TITLE	D		DELETE		TITLE		PARNIE BURNS	L.	_l viiaiige	Addition
NAME	BEAULIEU	•			NAME STREET AODRE	SS P	10. BOX 1372 N/A			
STREET ADORESS		1372 N/A R FL 34677			CITY-ST-ZIP		LOSMAR, FL 346	277		· (<->/
CITY-ST-ZIP TITLE	OLDOMA!	<u> </u>	DELETE	6.1	TITLE	7		Ĺ.	Change	Addition
NAME					NAME	ج کا _{مم}	O. BOX 1372 N/A			
STREET ADDRESS					STREET AODRE CITY-ST-ZIP	_ Z	DLDSMAR, FL 340	677		
14. I do hereb	y certify that the	information supplied	with this filing is voluntarily	/ furnished	and does	not qua	alify for the exemption stated in Section	n 119.07(3)(k). hall have the s	Florida S ame lega	tatutes I l effect as if
turther cei	rtify that the info	mation indicated on it	his annual report or suppli r of the corporation or the changed, or on an attachi	receiver o	trustee em	noowere	ed to execute this report as required b	y Chapter 617	, Florida S	statutes; and
SIGNAT	URE:	Moun	PRINTED NAME OF SIGNING OFF	no	(1)		7-29-96	813-8	55- 6	4623
J. G. 171		IGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI WIE BURNS	CER OR DIRI	POTO:		Uate	Jay		015501