

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 # **N31531** (9)  
1. Corporation Name  
**DRAGON CLUB**



Principal Place of Business

P.O. BOX 3321  
ST. PETERSBURG FL 33731

Mailing Address

P.O. BOX 3321  
ST. PETERSBURG FL 33731

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2624309

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

AMICK, JOHN P  
2190 VIVIAN WAY SO  
ST PETERSBURG FL 33712

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME MACALUSO, JAMES  
STREET ADDRESS 1045 39TH AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL  
☐ DELETE

TITLE D  
NAME COX, DAVID  
STREET ADDRESS 918 MONTEREY PT NE  
CITY-ST-ZIP ST. PETERSBURG FL  
☒ DELETE

TITLE P  
NAME KAUFHOLD, DUANE W.  
STREET ADDRESS 1200 MONTEREY BLVD NE  
CITY-ST-ZIP ST. PETERSBURG FL  
☒ DELETE

TITLE D  
NAME HOLLAND, TROY  
STREET ADDRESS 224 ARANDA STREET NE  
CITY-ST-ZIP ST. PETERSBURG FL  
☐ DELETE

TITLE D  
NAME MCQUEEN, WILLIAM  
STREET ADDRESS 121 BAYPOINT DR. NE  
CITY-ST-ZIP ST. PETERSBURG FL  
☐ DELETE

TITLE D  
NAME STEWART, ROBERT  
STREET ADDRESS 7172 9TH ST S  
CITY-ST-ZIP ST. PETERSBURG FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME Fleece, Jay  
2.3 STREET ADDRESS 638 24 Ave N  
2.4 CITY-ST-ZIP ST Petersburg FL  
☐ Change ☒ Addition

3.1 TITLE P  
3.2 NAME Amick, JOHN  
3.3 STREET ADDRESS 2190 VIVIAN WAY S.  
3.4 CITY-ST-ZIP ST Petersburg FL  
☐ Change ☒ Addition

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

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

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

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

*Jay Fleece*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas

2-1-96

Date

813 824 6138

DayTime Phone #

CR2E037 (12/95)