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NONPROFIT CORPORATION ANNUAL REPORT



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

ANNUAL REPORT

1996

N31531

(9)

DOCUMENT 1. Corporation Name	#
DRAGON CLUB	

Principal Place of Business P.O. BOX 3321 ST. PETERSBURG FL 33731  3. Date Incorporated or Qualified O4/05/1989  3. Date Incorporated or Qualified O4/05/1989  3. Date Incorporated or Qualified O4/05/1989  4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & State  City & State  Zip Country  Applied For Status Desired  6. Election Campaign Financing Trust Fund Contribution  Added to Fees Added to Fees Added to Fees Country  B. This corporation has liability for intangible tax under s. 199.032,	DRAGO	ON CLUB									
S.I. PETERSBURG FL 30731  2. Pinnopul Piece of Business 2. R. Marry Authors 2. Pinnopul Piece of Business 2. R. Marry Authors 2. Pinnopul Piece of Business 2. R. Marry Authors 2. Suits, April 11, Inc. 2. Suits, April 11, Inc. 2. Clay & States 3. Clay & States 3	Principal Place	e of Business	Mailing Addr	ress					TIBL MIBIF GIBE BIBI	ATAN DIAN DIAH N	Ш
Process   Place of Business   22   Making Astress   22   Making Astress   32   Making Astress   4. FT Nation   59-2824309   Making Astress   59-2824309											
Supplication							3.				
Scription   State	<del></del>	lace of Business		Address			4.				
20	—¬ ''	#, etc.		nt. #, etc.			5.	Certificate of Status Desired	1 1 7 -		al
25   26   30   50   50   50   50   50   50   50	City & State 23	The state of the s	F·─1	h1			6.				
9. Name and Address of Current Registered Agent  AMICK, JOHN P 2190 VY/AN WAY SO ST PETERSBURG FL 33712  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Ronds. Such change was authorized by the corporation's bload of deciders. Thereby accept the paperiment as registered diffice or registered agent, or both, in the State of Ronds. Such change was authorized by the corporation's bload of deciders. Thereby accept the paperiment as registered diffice or registered agent. I am familiar with, and adopt the decigations of Social Statutes  SIGNATURE  SIGN		Country	Zφ	<u></u>	· .		В.	8. This corporation has liability for intangible tax under s. 199.032,			
## AMICK, JOHN P 2190 VWAM WAY SO ST PETERSBURG FL 33712  ## Day	24										
### AMICK, JOHN P 2190 VWAN WAY SO \$T PETERSBURG FL 33712  ### City		9. Name and Address of Curre	nt Registered Ag	ent			10.	Name and Address of New Re	egistered Agen	:	
2190 VIVAN WAY SO ST PETERSBURG FL 33712    B4					81	Name					
Ball   City   FL   St   Zp Code	·			82	Street A	Address (P.O. Box Number is Not Acceptable)					
Increase	ST PETE	Ersburg Fl 33712			83						
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 Socion 617.0503. Florida Statutes.    12					84	City			FL. 85	Zip Code	
TITLE   S	familiär wi	ith, and accept the obligations of, Sec Signature typed or protest name of registered again	ction 617.0503, Flor	rida Statutes.	gistered Agen			en stating)	DATE		m 
NAME		<u>-                                    </u>		IDELETE.	· · · · · · · · · · · · · · · · · · ·	Т	₩	ADDITIONS OF A STATE OF COLUMN			tion
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4. I do hereby certify that the information supplied with this fiting 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: SIGNAUM TYPED OR PRINTED NAME OF SIGNAUG OFFICER OR DIRECTOR

Sec True

2-1-96

813 8246138

Daytime Phone #

CR2E037 (12/95)