

FILE NOW: FILING FEE \$61.25

FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31531

(9)

1. Corporation Name

DRAGON CLUB

Principal Place of Business

Mailing Address

P.O. BOX 3321
ST. PETERSBURG FL 33731P.O. BOX 3321
ST. PETERSBURG FL 33731-3321

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

02/08/1996

4. FEI Number

59-2624309

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACALUSO, JAMES	
STREET ADDRESS	1045 39TH AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	FLEECE, JAY	
STREET ADDRESS	638 - 26 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> DELETE
NAME	AMICK, JOHN	
STREET ADDRESS	2190 VIVIAN WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, TROY	
STREET ADDRESS	224 ARANDA STREET NE	
CITY-ST-ZIP	ST. PETERSBURG FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCQUEEN, WILLIAM	
STREET ADDRESS	121 BAYPOINT DR. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT	
STREET ADDRESS	7172 9TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051291

CR2E037 (9/96)