

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31531** (9)  
1. Corporation Name  
**DRAGON CLUB**



Principal Place of Business <b>P.O. BOX 3321 ST. PETERSBURG FL 33731</b>	Mailing Address <b>P.O. BOX 3321 ST. PETERSBURG FL 33731</b>
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3. Date Incorporated or Qualified <b>04/05/1989</b>	
4. FEI Number <b>59-2624309</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>AMICK, JOHN P 2190 VIVIAN WAY SO ST PETERSBURG FL 33712</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>MACALUSO, JAMES</b>	1.2 NAME	<b>FLARCE, JAY</b>
STREET ADDRESS	<b>1045 39TH AVENUE N.</b>	1.3 STREET ADDRESS	<b>638 - 26th Ave. No.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
TITLE	<b>S</b>	2.1 TITLE	<b>SECRETARY</b>
NAME	<b>FLEECE, JAY</b>	2.2 NAME	<b>McQueen, William</b>
STREET ADDRESS	<b>838 - 28 AVE N</b>	2.3 STREET ADDRESS	<b>121 Bay Point DR. NE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
TITLE	<b>D</b>	3.1 TITLE	<b>D</b>
NAME	<b>AMICK, JOHN</b>	3.2 NAME	<b>McQueen, John</b>
STREET ADDRESS	<b>2190 VIVIAN WAY S.</b>	3.3 STREET ADDRESS	<b>2201 - 9th ST. N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>HOLLAND, TROY</b>	4.2 NAME	<b>Nelson, Chris</b>
STREET ADDRESS	<b>224 ARANDA STREET NE</b>	4.3 STREET ADDRESS	<b>1969 - Arrowhead DR NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>
TITLE	<b>D</b>	5.1 TITLE	<b>D</b>
NAME	<b>MCQUEEN, WILLIAM</b>	5.2 NAME	<b>Llewellyn, Todd</b>
STREET ADDRESS	<b>121 BAYPOINT DR. NE</b>	5.3 STREET ADDRESS	<b>490 - 28th Avenue No.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
TITLE	<b>D</b>	6.1 TITLE	<b>D</b>
NAME	<b>STEWART, ROBERT</b>	6.2 NAME	<b>WALLACE, TOM</b>
STREET ADDRESS	<b>7172 9TH ST S</b>	6.3 STREET ADDRESS	<b>260 - Rafael Blvd NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 the attachment with an address.

SIGNATURE:  **William McQueen, Secretary 1/19/98 813-822-2059**

CR2E037 (10/97)