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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31531

1. Corporation Name

DRAGON CLUB

D-1	1	Diago	-6	0	

Mailing Address

FILED Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90011 042 ****61.25

P.O. BOX 3321 P.O. BOX 3321 ST. PETERSBURG FL 33731 ST. PETERSBURG FL 33731									
2. Principal P	lace of Business	2a. Mailing Address			\dashv	3. Date Incorporated or Qualifed			
21		26			}	04/05/1989			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		<u> </u>	lied For
22		27				59-2624309			Applicable
City & Stat	е	City & State			\	5. Certifcate of Status Desired		\$8.75 A	
23		28						Fee Req	<u>-</u>
Zip	Country Zip		Country			6. Election Campaign Financing		\$5.00 N	
24			30			Trust Fund Contribution	la sistered (Added to	rees
	9. Name and Address of Current	Registered Agent	8	1 Name		10. Name and Address of New F	registered /	- Agent	
	DHN P AN WAY SO SBURG FL 33712		8	2 Street, 363 3 50	Addres:	FIN, WILLIAM S (P.O. Box Number in Not Accepte CTP ST. N E 220		Jeel 7:- 0	
			- 1	4 City		ERSBURG-	FL	85 30 6	704
+#F	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autrions of, Seption 617.0503, Florid	norized b a Statute	y the corpo	oration :	ation submits this statement for the s board of directors. I hereby acception	purpose of ot the appoin	changing its regitment as reg	registeréd istered
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	jent signature i	required wi	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	Un OFFICERS AND	DIDELETE DELETE	1.1 TITLE)		☐ Change	Addition
	FLEECE INV	- U F	1.2 NAM		50	LIFFIN, WILLIAM 37 4H ST.N S PETENSBURG, F	И		
NAME	FLEECE, JAY			ET ADDRESS	2/	27 LETH ST. N S	VITE	Z20	
STREET ADDRESS	638 26TH AVE N		1.4 CITY		- CO	DETERSONES F	. A. 3	2770C	,
CITY-ST-ZIP	ST PETERSBURG FL 33704	DELETE	2.1 TITLE		Y .	· recessary		Change	Addition
	MCONTEN MOUN	***************************************	2.2 NAMI						}
NAME	MCQUEEN JOHN		2.3 STREET ADDRESS						
STREET ADORESS			2. 4 CITY						_ [
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33704	DELETE	3.1 T/TLE					Change	Addition
NAME	ALARY IOUN	•••	3.2 NAM					•	
STREET ADDRESS	2190 YUYAN WAY S.			ET ADDRESS					
				3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	SPETERSBURG FL S Change title DELETE NEL SON CHRIS			-31-21				Change	Addition
NAME	NELSON, CHRIS	etile	4. 2 NAM						
STREET ADDRESS	1969 ARROWHEAD DR NE			ET ADDRESS					,
CITY-ST-ZIP	ST. PETERSBURG FL 33703		4.4 CITY						_
TITLE		DELETE	5.1 TITLE		<u> </u>			Change	Addition
NAME	MCQUEEN, WILLIAM	hange title	5.2 NAM	E					
STREET ADDRESS		·	5.3 STR	EET ADDRESS]]
CITY-ST-ZIP	ST. PETERSBURG FL 33704	_	5.4 CITY	-ST-ZiP					
TITLE	8.	DELETE	6,1 TITLE	· ·				☐ Change	Addition
NAME	WALLACE, TOM	,	6.2 NAM	E					
STREET ADDRESS			6.3 STR	ETADDRESS					İ
CITY-ST-ZIP	ST PETERSBURG EL 33704		6.4 C/TY		<u></u>				
14. I hereby	certify that the information soaplied wit on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attar	annual conortic true and accura	ite and fi	iat my einr	haiture s	hall have the same legal ettect as I	t made unde	er oain: inai i	am an

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF