


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90036 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31967**

1. Corporation Name  
**ALL NATIONS RECREATIONAL, CULTURAL AND SOCIAL CLUB, INC.**

Principal Place of Business PO BOX 380693 MURDOCK FL 33948 US	Mailing Address PO BOX 380693 MURDOCK FL 33948 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0245178
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KERR, JEAN A 17449 CLOVER AVENUE PORT CHARLOTTE FL 33948		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 Jean A. Kerr (NOTE: Registered Agent signature required when reinstating) DATE 4-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, JEAN A	1.2 NAME	
STREET ADDRESS	17449 CLOVER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33918	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CICELY	2.2 NAME	
STREET ADDRESS	23088 ALLEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICOCK, TUESIAN	3.2 NAME	Lionel Lynch
STREET ADDRESS	18562 QUAINT AVE	3.3 STREET ADDRESS	18513 Gamewell Ave
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, LEROY	4.2 NAME	Donat Lawes
STREET ADDRESS	5453 SIMRAK ST	4.3 STREET ADDRESS	27455 Obidos Drive
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33983
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Jean A. Kerr SIGNATURE REQUIRED DATE 4-19-99 DAYTIME PHONE # 278-7150

CR2E037 (1/98)