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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N41645	5 (5)			
TAMPA PALMS LADIES CLUB, INC.				
THE TALING ENOIGO GEOD, 1140.			# 18311118	DI ASSI ATAK ATAH ATAH ATAH ATAK ATAK ATAH
Principal Place of Business	Place of Business Mailing Address		i andisini dii digas tinin disti dibi	er Biri Aibit Bibit Bibit Aibit Bibit Effit iouf
COMPTON PARK CLUBHOUSE 16057 TAMPA PALMS BLVD. W.				
TAMPA FL 33647 SUITE 918 US TAMPA FL 33647-2001				
00	TAMPA PL 33097-2001		3. Date Incorporated or Qualified	3a. Date of Last Report
			01/14/1991	03/15/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3048778	Applied For
Suite Act to the	Same 26 Same te, Apt. #, etc. Suite, Apt. #, etc.		39-3046776	Not Applicable
22	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 25	29	30	Florida Statutes	Yes 🗖 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name A A A A A A A A A A A A A A A A A A A				
AMMON INGERADO C		1 1	AMMON, INGER	org c.
AMMON, INGEBORG C. 7119 WAREHAM DRIVE 82 Street		ddress (P.O. Box Number is Not Acceptated Not Accep	e)	
TAMPA FL 33647		THE WAKEHAM T	DKIVE	
7,4,11,11,12,000,17				
		84 City -	AAHAT	FL 85 Zip Code
 Pursuant to the provisions of Sections 617.0502 a or registered agent, or both, in the State of Florida 	nd 617.1508, Florida Statuti	es, the above named cor	poration submits this statement for the pu	rpose of changing its registered office
familiar with, and accept the obligations of, Section	n 617,0503, Florida Statutes			
SIGNATURE	muluul).	11	`	
	(C)		borg C. Ammon	3/14/1996
Signature, typed or prints name of registere agent an	d title if applicable. (NO	Tt: Registered Agent signature 1:	piked when romstating)	DAYE
	d tile if applicable. (NO DIRECTORS	TE: Registered Agent signature 13.	pwed when romshiting) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
Signature, typed or print name of registers agent en 12. OFFICERS AND	d title if applicable. (NO	TE: Registered Agent signature 4. 13. 1.1 TITLE	prod wich (birkstry) ADDITIONS/CHANGES TO OFF	DAYE
Signature. Whed or prints arms of registers agent an 12. OFFICERS AND TITLE PD	d tile if applicable. (NO DIRECTORS	TE: Registered Agent signature 4. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF PD UNGAR KAREN	DATE ICERS AND DIRECTORS IN 12 Change Addition
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4. To below certify that the information supplied with this fling 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 is 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: Muselm

SIGNATURE NO TYPED OR CHINTED NAME OF SI

L IN

Ingeloora C. Ammo

3/14/1996