
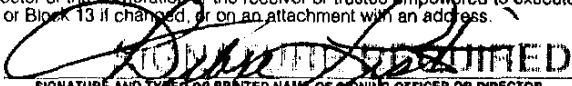


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N46439 (8)</b> 1. Corporation Name <b>BREAKAWAY CLUB, INC.</b>					
Principal Place of Business <b>LISTA DEBY</b> <b>3031 32ND AV N.</b> <b>ST PETERSBURG FL 33713</b> <b>US</b>			Mailing Address <b>LISTA DEBY</b> <b>3031 32ND AVE N.</b> <b>ST. PETERSBURG FL 33713-2635</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/13/1991</b> 3a. Date of Last Report <b>04/30/1996</b> 4. FEI Number <b>59-2998964</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LISTA DEBY</b> <b>3031 32ND AV N</b> <b>ST. PETERSBURG FL 33713</b>			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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISTA, DEBY		1.2 NAME		
STREET ADDRESS	3031 32RD AVE N		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDLIN TERRI		2.2 NAME		
STREET ADDRESS	12041 70TH ST. N		2.3 STREET ADDRESS		
CITY - ST - ZIP	LARGO FL		2.4 CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN ANITA		3.2 NAME		
STREET ADDRESS	9960 62ND ST. N		3.3 STREET ADDRESS		
CITY - ST - ZIP	PINELLAS PARK FL		3.4 CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE SALLY		4.2 NAME		
STREET ADDRESS	7600 18TH AVE N		4.3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAINERI, ANTHONY		5.2 NAME		
STREET ADDRESS	8578 BRISTOL CIR E		5.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34647		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 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: 			1/14/97 813-525-2187 Date Daytime Phone # 0051031		

CR2E037 (9/96)