26 26 Suite, Apt. #, etc. 27 City & State 27 City & State 28 Zip Country 25 29 30 Tn 9. Name and Address of Current Registered Agent 10. Na 81 Name CRANE, DAVID W: 82 Street Address (P.O. SUITE 404 FORT LAUDERDALE FL 33306 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation su office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. 1 amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. IGNATURE Signature, typed or printed name of registered agent and title if applicable.	Secretary of State	FILED Jan 23, 1999 8:00am	
COCUMENT # N49309 Corporation Name KWANNS CLUB OF FORT LAUDERDALE - CORAL RIDGE FO UNDATION, INC. Incipal Place of Business Mailing Address 90 W. CRANE 97 E. OAKLAND PARK BLVD. STE. 404 Principal Place of Business 28 DAVID W. CRANE 97 E. OAKLAND PARK BLVD. STE. 404 Principal Place of Business 28. 2010 W. CRANE 270 E. OAKLAND PARK BLVD. STE. 404 Principal Place of Business 28. 210 20 Suite, Apt. #, etc. 27 City & State 21 210 Country 221 20 230 21 24 Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name 2737 E: OAKLAND PARK BLVD. 82 Street Address (P.O. 83 2737 E: OAKLAND PARK BLVD. 84 City A State 54 COTT LAUDERDALE FL 33306 10 4 City TN E: 38 ST. 2737 E: OAKLAND PARK BLVD. 84 CRANE, DAVID W. 97 2737 E: OAKLAND PARK FL)	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Ch		i am an	
officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Cr Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. IGNATURE: Signature All TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9.07(3)(i), Florida Statutes. I further certify that the in		