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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N93000002675 (7)

Mar 13 1998 8:00am Secretary of State

ST. LUCIE SPORTS CLUB, INC.														
Principal Place of Business				Mailing Address					7	f indition are tale	8 11(1) 98 (1) 99)(1	ANIH ANH A	DICT IEDES SIESS	MASS ALL SAN
1700 N 37TH STREET FORT PIERCE FL 34947				1700 N 37TH STREET FORT PIERCE FL 34947					3.	Date incorporated				
US			US						4.	FEI Number	<i>,</i>		A	oplied For
										65-042180	7		N	ot Applicable
2. Principal P	lace of Busi	ness	28. 26	2s. Mailing Address					5.	Certificate of Statu	s Desired			Additional equired
Sulte, Apt.	#, etc.		- 1	Suite, Apt. #, etc.					6.	Election Campaign	n Financing		\$5.00	
22			27	7					•	Trust Fund Contrib	•		Added to	
City & State	8			City & State					7.	Is this nonprofit co				ın?
23			28						↓		··		No No	
Zip	·			, ''		Country		8.	This corporation o					
24	A Nome	25	29	anad Anaut	30				40	Personal Property Name and Addre				_l No
ļ	y, reame	and Address of Currer	it negisi	ered Agent		81	Na	me	10.	Hallie allo Addie	99 OI 110H III	9/2/0100	Man	
MINOR APADAP										NO 5 N 1	Al-A A	5-1-X		
WILSON, GEORGE 1708 NORTH 19TH STREET						82	Str	eet Addre	ess (P	P.O. Box Number is	Not Accepta	Die)		
	ERCE FL					83								
101111	IPHYL I L			84	Cit	.,					85 Z ip	Code		
												<u>FL</u>	<u>. </u>	
11. Pursuant office or r	to the provis	sions of Sections 617.050 gent, or both, in the State ith, and accept the oblig	2 and 61 of Florid	17.1508, Florida Statu la. Such change was	tes, the authoriz	above ed by	o-nan the	ned corpo corporati	oratio on's b	n submits this state coard of directors. I	ment for the hereby acce	purpose o pt the app	f changing i pointment as	is registered registered
agent. I a	m familiar w	ith, and accept the obliga	ations of,	, Section 617.0503, Fi	lorida St	atutes	.							•
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title	applicable (NO	TE: Registe	red Age	nl eign	ature require	d when	reinstating)		DATE		
12.		OFFICERS AN			13					ADDITIONS/CHANG	GES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1	TITLE							Change	Addition
NAME	WILSON, GEORGE			1.2 N				İ						
STREET ADDRESS 1708 NORTH 19TH STREET			I			1.3 STREET ADDRESS								
CITY-ST-ZIP					1.4	1.4 CITY-ST-ZIP								
TITLE	PD			DELETE	2.1	TITLE							L Change	Addition
NAME		son, ralph			2.2	NAME								
STREET ADDRESS		13TH ST			2.3	STREET	ADDRI	ESS						
CITY-ST-ZIP		PIERCE FL				CITY-5	ST-ZIP						Change	Addition
TITLE	SD	ALE MAILE		DELETE	1	TITLE							∪nange	MODITION
NAME		GHT, MICHAEL				NAME								
STREET ADDRESS		V CURRY STREET				STREET		:55						
CITY-ST-ZIP TITLE	TD	ST LUCIE FL		DELETE		CITY-S TITLE	>(- ZIP	+					Change	Addition
NAME		ZA, HORACE A				NAME								
STREET ADDRESS		E AIRES LANE				STREET	ADOD	:50						
CITY-ST-ZIP	PSLF					CITY-S								
TITLE	D	<u> </u>		DELETE	_	TITLE	. 41						Change	Addition
NAME	_	SHANK, CEPHAUS		-		NAME								
STREET ADDRESS		UGLAS COURT				STREET	ADDRA	ESS						
CITY-ST-ZIP	FT PIEF					CITY-S								
TITLE	VD			DELETE		TITLE		1					Change	Addition
NAME	_	WESLEY J			6.2	NAME								
STREET ADDRESS		W JANETTE AVE			6.3	STREET	ADDR	ss						
CITY-ST-ZIP	PSLF				6.4	CITY - S	T-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.

340-3827