

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001863 (8)

1. Corporation Name

LAUDERDALE LAKES SPORTS CLUB, INC.



Principal Place of Business 1220 NW 23 AVE FT LAUDERDALE FL 33311	Mailing Address 1220 NW 23 AVE FT LAUDERDALE FL 33311
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3. Date Incorporated or Qualified 04/19/1995	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 1331 N.W. 13 AVE Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip 24 33311 Country 25 Broward	2a. Mailing Address 26 1331 N.W. 13 AVE Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip 29 33311 Country 30 Broward
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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
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALES, NELSON 1220 NW 23RD AVENUE FT. LAUDERDALE FL 33311	81 Name Linda Walker 82 Street Address (P.O. Box Number is Not Acceptable) 1331 N.W. 13 AVE 83 84 City Ft Lauderdale 85 Zip Code 33311
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10. Name and Address of New Registered Agent
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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 *Linda Walker*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME GONZALES, NELSON STREET ADDRESS 4521 NW 34TH ST CITY-ST-ZIP LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME Linda Walker 1.3 STREET ADDRESS 1331 N.W. 13 AVE 1.4 CITY-ST-ZIP Ft Laud. FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME SIMMONS, HERBERT STREET ADDRESS 1091 NW 46TH AVE CITY-ST-ZIP LAUDERHILL FL 33313	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DV 2.2 NAME James Skinner 2.3 STREET ADDRESS 3256 N.W. 41st 2.4 CITY-ST-ZIP Lauderdale Lakes 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BROWN, AL STREET ADDRESS 1030 NW 24TH TER CITY-ST-ZIP FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Melvin Lee 3.3 STREET ADDRESS 2750 N.W. 56 Ave 3.4 CITY-ST-ZIP Lauderhill FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Linda Walker* 04/22/98

CR2E037 (10/97)