

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001934 (7)

1. Corporation Name

THE IMPERIAL CLUB, INC.

Principal Place of Business

1508 NW 24TH TER
FT LAUDERDALE FL 33311

Mailing Address

1508 NW 24TH TER
FT LAUDERDALE FL 33311-51243. Date Incorporated or Qualified
04/24/19953a. Date of Last Report
04/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1408876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

LAMPKIN, BENJAMIN F JR
2125 NW 27TH LN
FT LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MONROE	
STREET ADDRESS	3541 NW 18TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MATTHEW	
STREET ADDRESS	2340 NW 14TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAISE, JAMES	
STREET ADDRESS	680 NW 39TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, WILLIE	
STREET ADDRESS	2811 NW 56TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ross, Willie	
1.3 STREET ADDRESS	680 NW 39th Ave.	
1.4 CITY-ST-ZIP	FT. Lauderdale, Fla. 33311	

2.1 TITLE	T-Butler, Ina L. Jr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	537 N.W. 15th way	
2.3 STREET ADDRESS	ft. Lauderdale, Fla. 33311	
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

WILLIE ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-97

Date

Daytime Phone # 0034660

CR2E037 (9/96)