FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

* 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 05 1997 8:00am

Secretary of State

4-22-07 054-753-1470

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001949 (5)

LIGHT CLUB #8 INCORPORATED

Principal Plac	ce of Business	Mailing Address		1 14 013101 010 10103 01111 0 0111 00145 01	1911 A BUTA A GLAS 15010 30111 A LATA FOLD 1011 1001
2500 CORAL SPRINGS DR. #316		2500 CORAL SPRINGS DR. #316			
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3		CORAL SPRINGS FL 33065-3	R643	3. Date Incorporated or Qualified 04/20/1995	3a. Date of Last Report 02/07/1996
	Place of Business 5 W. Sam PLB RD.	2a. Mailing Address 28		4. FEI Number 65-0580440	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	L Samos, Lonida	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330 (Country 30		Yes 🗌 No
	9. Name and Address of Current	Ledistelen Yåeur	81 Name	10. Name and Address of New Reg	Instered Agent
· MOELL LADDY ECO					
MICELI, LARRY ESQ.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable	θ)
2500 CORAL SPRINGS DR. #316			63		
	SPRINGS FL 33065				
COME	01/11/100 12 00000		84 City		FL 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	Signature, typed or printed name of registered agen	and title if applicable (NOTE:	Registered Agent signature re	aguired when reinstaling	DATE
12.	OFFICERS AND		I 13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE	CA.V	Change Addition
NAME	AGATA, DAVID		1.2 NAME	KOLBINSKIB, SUBY	
STREET ADDRESS	2500 CORAL SPRINGS DR., #	316	1.3 STREET ADDRESS 4	1651 NW 765T	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	KOLBINSKIB, SUDY 9651 NW 7657 TAMANAE, FC 33321	
TITLE	VD	₩ DELETE	2.1 TITLE	•	Change Addition
NAME	MARKGRAF, CHUCK		2.2 NAME		
STREET ADDRESS	1510 S. 29TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY - ST - ZIP		
TITLE	VD	▼ DELETE	3.1 TITLE		Change L Addition
NAME	MILENKOVIC, KARL		3.2 NAME		
STREET ADDRESS	10915 20TH DR. CORAL SPRINGS FL 33065		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
		-	4.1 MLE 4. 2 NAME		C commy C rangeon
STREET ADDRESS	KOLBINSKIE /LANKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMANAC, FL3	1321	4.4 CiTY-ST-ZIP		
TITLE	ND .	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MUBBO SANTO		5.2 NAME		-
STREET ADDRESS	and a way taken.	_	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORLL SPRINGS FC. T. V.D. TREYES, ROBERT 3664 RIVERSIDE DA	3065	5.4 CITY-S1-ZIP		,
TITLE	V.O	DELETE	6.1 TITLE		Change Addition
NAME	REVES, KOUERT		6.2 NAME		
STREET ADDRESS	3664 KIVERSIDE		6.3 STREET ADDRESS		
CITY - \$T - ZIP	Cand L DPAINGS 16.3	3069	6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filling 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 cath; 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, are on an attachment with an address.					