

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001949

1. Corporation Name

LIGHT CLUB #8 INCORPORATED

Principal Place of Business
8005 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address
2500 CORAL SPRINGS DR.
#316
CORAL SPRINGS FL 33065

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90202 024 ****61.25



2. Principal Place of Business

21 7857 W Sample Rd

2a. Mailing Address

26 7857 W. Sample Rd

3. Date Incorporated or Qualified

04/20/1995

Suite, Apt. #, etc.

22 136

Suite, Apt. #, etc.

27 136

4. FEI Number

65-0580440

Applied For

Not Applicable

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33065

Country US

Zip 33065

Country US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MICELI, LARRY ESQ.
2500 CORAL SPRINGS DR.
#316
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name Santo Minco

82 Street Address (P.O. Box Number is Not Acceptable)
7857 W. Sample Rd.

83 #136

84 City Coral Springs

FL

85 Zip Code 33065

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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME AGATA, DAVID
STREET ADDRESS 1931 NW 80TH AVE
CITY-ST-ZIP MARGATE FL 33065

TITLE VD ☒ DELETE
NAME KOLBINSKIE, JUDY
STREET ADDRESS 9651 NW 76 ST
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ DELETE
NAME KOLBINSKIE, LARRY
STREET ADDRESS 9651 NW 76 ST
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ DELETE
NAME REYES, ROBERT
STREET ADDRESS 3664 RIVERSIDE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VD ☐ DELETE
NAME MINEO, SANTO
STREET ADDRESS 3760 NW 78 LN.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VD ☐ DELETE
NAME Minco, Martha
STREET ADDRESS 3760 NW 78 LN
CITY-ST-ZIP Coral Springs, FL 33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☐ Addition
1.2 NAME James Moore
1.3 STREET ADDRESS 3670 NW 78th Ln
1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Santo Minco

4/28/99

954-344-4746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0026314