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05-01-1999 90052 029 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000002026

1. Corporation Name

CARIBBEAN CONTINENTAL SOCIAL CLUB, INC.

465966-90052-29 6 *

Principal Place of Business
 1921 SE 8TH ST
 CAPE CORAL FL 33990-1628

Mailing Address
 1921 SE 8TH ST
 CAPE CORAL FL 33990-1628



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0582952	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ACKORD, RONALD A 1921 SE 8TH ST CAPE CORAL FL 33990-1628				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				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 Iris M. James, Iris M. James, SD DATE 4-26-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKORD, RONALD A	1.2 NAME	
STREET ADDRESS	1921 S.E. 8TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990-1628	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, NORMAN C	2.2 NAME	James, Norman C.
STREET ADDRESS	219 NW 14TH TERRACE	2.3 STREET ADDRESS	219 NW 4th Terrace
CITY-ST-ZIP	CAPE CORAL FL 33909	2.4 CITY-ST-ZIP	Cape Coral Fl. 33993
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, GWEN	3.2 NAME	James, Iris M.
STREET ADDRESS	119 NE 23RD PLACE	3.3 STREET ADDRESS	219 NW 4th Terrace
CITY-ST-ZIP	CAPE CORAL FL 33909	3.4 CITY-ST-ZIP	Cape Coral Fl. 33993
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD/T.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	James, Iris M.
STREET ADDRESS		4.3 STREET ADDRESS	219 NW 4th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Coral, Fl. 33993
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Tr. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Murray, Wellesly
STREET ADDRESS		5.3 STREET ADDRESS	302 NE 10th Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Tr. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	James, C. Norman
STREET ADDRESS		6.3 STREET ADDRESS	219 NW 4th Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Cape Coral, Fl. 33993

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: Ronald Ackord DATE 4-26-99 DAYTIME PHONE # 941-772-4127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)