


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90041 043 \*\*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N95000004877</b>			
1. Corporation Name <b>UP FRONT CLUB, INC.</b>			
Principal Place of Business 9999 NORTHEAST 2ND AVENUE #116 MIAMI FL 33138		Mailing Address 9999 NORTHEAST 2ND AVENUE #116 MIAMI FL 33138	



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		3. Date Incorporated or Qualified 10/11/1995 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired X 6. Election Campaign Financing Trust Fund Contribution 30		Applied For X Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MUMFORD, BOBBIE 9999 NORTHEAST 2ND AVENUE #116 MIAMI FL 33138				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			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	MUMFORD, BOBBIE	1.2 NAME	
STREET ADDRESS	9999 N.W. 2ND AVENUE, SUITE 116	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	HOUSTON, AL	2.2 NAME	
STREET ADDRESS	799 N.W. 62ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LONG, HAROLD ESQ.	3.2 NAME	
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1460	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	
NAME	REEVES, RACHEL	4.2 NAME	
STREET ADDRESS	900 N.W. 54TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	WILLIAMS, JOHNNY	5.2 NAME	
STREET ADDRESS	5757 N.W. 27TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WOODSON-BRYANT, SHARON	6.2 NAME	
STREET ADDRESS	8240 CLEARY BLVD., #2415	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	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]* SIGNATURE REQUIRED: *[Signature]* Date: *Jan 8, 1999* Daytime Phone #: *305/754-4619*

CR2E037 (1/98)