

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90158 033 ****61.25

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DOCUMENT # N98000000698

1. Corporation Name

THE LIGHT CLUB, INC.

Principal Place of Business
**630 E OCEAN AVE
BOYNTON BEACH FL 33435**

Mailing Address
**630 E OCEAN AVE
BOYNTON BEACH FL 33435**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0816631	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MORAN, JAMES J
630 E OCEAN AVE
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Secretary		1.2 NAME President	
STREET ADDRESS Marilyn W. Adair		1.3 STREET ADDRESS Karen Moran	
CITY-ST-ZIP 1002 S W 25th Street		1.4 CITY-ST-ZIP 630 E. Ocean Ave	
TITLE Boynton Beach, FL 33426	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Director		2.2 NAME Vice President, James J. Moran	
STREET ADDRESS 1002 S W 25th Avenue		2.3 STREET ADDRESS 630 E. Ocean Avenue	
CITY-ST-ZIP Boynton Beach, FL 33426		2.4 CITY-ST-ZIP Boynton Beach, FL 33435	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michael L. Adair		3.2 NAME Secretary, Connie Devault	
STREET ADDRESS 1002 S W 25th Avenue		3.3 STREET ADDRESS 12111 Prosperity Farms Rd.	
CITY-ST-ZIP Boynton Beach, FL 33426		3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE T/D	<input type="checkbox"/> DELETE	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Treasurer, John R. Vaccaro		4.2 NAME Treasurer, John R. Vaccaro	
STREET ADDRESS 1325 S. Congress Avenue		4.3 STREET ADDRESS Boynton Beach, FL 33426	
CITY-ST-ZIP Boynton Beach, FL 33426		4.4 CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Director, Jack D. Wells		5.2 NAME Director, Jack D. Wells	
STREET ADDRESS 1300 S. Olive Avenue		5.3 STREET ADDRESS 1300 S. Olive Avenue	
CITY-ST-ZIP West Palm Beach, FL 33401		5.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Director, Jack D. Wells		6.2 NAME Director, Jack D. Wells	
STREET ADDRESS 1300 S. Olive Avenue		6.3 STREET ADDRESS 1300 S. Olive Avenue	
CITY-ST-ZIP West Palm Beach, FL 33401		6.4 CITY-ST-ZIP West Palm Beach, FL 33401	

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:

Karen Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99
Date

561-478-8361
Daytime Phone #

CR2E037 (1/98)