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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000772

1. Corporation Name
 CORAL LAKES MEN'S CLUB, INC.

Principal Place of Business: 12751 EL CLAIR RANCH ROAD, BOYNTON BEACH FL 33437

Mailing Address: 12751 EL CLAIR RANCH ROAD, BOYNTON BEACH FL 33437

612500-90009-47



| | | | | | |
|----|--------------------------------|----|---------------------|----|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 3. | Date Incorporated or Qualified 02/09/1998 |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 4. | FBI Number 65-0820675 |
| 23 | City & State | 28 | City & State | 5. | Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip | 29 | Zip | 6. | Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
| | Country | | Country | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| DANIELS, THEODORE ESO 4400 NORTH FEDERAL HIGHWAY SUITE 210 BOCA RATON FL 33431 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | PRESIDENT |
| STREET ADDRESS | | 1.3 STREET ADDRESS | AL GREENBERG |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | 5711 ROYAL LAKE CIRCLE BOYNTON BEACH, FL. 33437 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | EXECUTIVE VICE PRESIDENT |
| STREET ADDRESS | | 2.3 STREET ADDRESS | DICK LEVIN |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 6372 TIARA DRIVE BOYNTON BEACH FL. 33437 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | 1ST VICE PRESIDENT |
| STREET ADDRESS | | 3.3 STREET ADDRESS | GERALD SLATIN |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 5630 ROYAL LAKE CIRCLE BOYNTON BEACH FL. 33437 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | TREASURER |
| STREET ADDRESS | | 4.3 STREET ADDRESS | STANLEY J. SCHLESINGER |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 12683 CORAL LAKES DRIVE BOYNTON BEACH FL. 33437 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | CORRESPONDING SECRETARY |
| STREET ADDRESS | | 5.3 STREET ADDRESS | SEL BAUCH |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 5706 ROYAL LAKE CIRCLE BOYNTON BEACH, FL. 33437 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | RECORDING SECRETARY |
| STREET ADDRESS | | 6.3 STREET ADDRESS | LEO KINGSON |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | 12610 D CRYSTAL POINTE DR. BOYNTON BEACH FL. 33437 |

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: STANLEY J. SCHLESINGER 7/31/99 (620) 637-6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)