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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N98000000846

1. Corporation Name
TOP GUN SUPERSTARS CLUB, INC.

611151 - 90007 - 3

Principal Place of Business
5820 E. FOWLER AVE.STE.D
TAMPA FL 33617

Mailing Address
5820 E. FOWLER AVE.STE.D
TAMPA FL 33617

2. Principal Place of Business
21 4211 E. Busch Blvd
Suite, Apt. #, etc.
22 Suite B
City & State
23 Tampa Fl.
Zip 24 33617 Country 25 U.S.A

2a. Mailing Address
26 4211 E. Busch Blvd
Suite, Apt. #, etc.
27 Suite B
City & State
28 Tampa Fl.
Zip 29 33617 Country 30 U.S.A.

3. Date Incorporated or Qualified
02/12/1998

4. FEI Number
59-3491452
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HUDSON, MIKE
5820 E. FOWLER AVE.,STE.D
TAMPA FL 33617

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 [signature] 7/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when establishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME Scott Hudson		1.2 NAME	
STREET ADDRESS 1231 St. Lucia Isle	D	1.3 STREET ADDRESS	
CITY-ST-ZIP Tampa Fl. 33607		1.4 CITY-ST-ZIP	
TITLE Vice Pres. ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME Linda Hudson		2.2 NAME	
STREET ADDRESS 11945 N. Riverhills Dr	D	2.3 STREET ADDRESS	
CITY-ST-ZIP Tampa Fl. 33617		2.4 CITY-ST-ZIP	
TITLE Treasurer ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME Mike Hudson		3.2 NAME	
STREET ADDRESS 11945 N. Riverhills Dr	D	3.3 STREET ADDRESS	
CITY-ST-ZIP Tampa Fl. 33617		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 7/6/99 813-988-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)