

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000004941 (0)

1. Corporation Name  
**FLORIDA PLAYER'S CLUB, INC.**



Principal Place of Business Mailing Address  
**1040 BAYVIEW DRIVE SUITE 605 FT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified **11/09/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0367972**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **33 N.E. 2nd Street**  
Suite, Apt. #, etc. **Suite 200**  
City & State **Ft. Lauderdale, FL**  
Zip **33301** Country **Broward**

g. Name and Address of Current Registered Agent  
**BEESON, JAMES M, Jr.**  
~~1040 BAYVIEW DRIVE STE 605 FT LAUDERDALE FL 33304~~  
see boxes 82-85 for address change only

10. Name and Address of New Registered Agent  
81 Name **James M. Beeson, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable) **33 N.E. 2nd Street**  
83 **Suite 200**  
84 City **Ft. Lauderdale, FL** 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEESON, JAMES M JR.	
STREET ADDRESS	1040 BAYVIEW DR. STE. 605	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEESON, JAMES B	
STREET ADDRESS	1040 BAYVIEW DR. STE. 605	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCOTT, SEGRAVES J.	
STREET ADDRESS	5350 N.W. 52ND ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James M. Beeson, Jr.	
1.3 STREET ADDRESS	2881 N.E. 26th Place	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
2.1 TITLE	VP Beeson, James Blake	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2070 N.E. 63rd Street	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Segraves, Scott J.	
3.3 STREET ADDRESS	2881 N.E. 2nd Street	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *James M. Beeson, Jr.* James M. Beeson, Jr. 4/29/96 954467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4990

CR2E034 (12/95)