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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

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METROPOLIS CLUB, INCORPORATED

Thropair lace of posities
114 S NARCISSUS AVE
W PALM BCH FL 33401

Mailing Address

114 S NARCISSUS AVE W PALM BCH FL 33401



US		US			3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 07/07/1995			
2. Principal Pla 21 345	ce of Business SEABRGEZE AVE	2a. Mailing Address 26 345 SBA	BREEN	C AVE.	4. FEI Number 65-0401417	_	Applied For Not Applicable		
Suite, Apt. #	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition For Required				
City & State City & State				FL.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8 Added to Fee				
3348	Country Country	29 33480	Gour)S	This corporation has liability for in Florida Statutes		s 199.032,		
	9. Name and Address of Curren		[00]	<i>,</i>	10. Name and Address of New Re		- -		
				81 Name					
	JRY, WILLIAM W IX		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	AL POINCIANA PLAZA								
PALM BE	ACH FL 33480			B3 [
				B4 City		FL "	Zip Code		
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was author	rized by the co	re-named corpora prporation's boar	ation submits this statement for the purp od of directors. I hereby accept the appoi	ose of changing it: ntment as register	s registered offic ed agent. I am		
	Signature, typed or printed name of registered agent			gont signature required		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
Title	SPEER, RAMSEY	☐ DELETE	1. 1 TiJ	·	SAME SAME	Changi	€ ☐ Addition		
NAME	114 S NARCISSUS AVE		1.2 NA/		45 SEABREEZE A	WE.			
STREET ADDRESS CITY-ST-ZIP	W PALM BCH FL				ALM BEACH, FL.		9		
TITLE	***************************************	☐ DELETE	2.1 TH	Y-ST-ZIP	ALL DUNCK FL.	[7] Change			
NAME		<u></u>	2.2 NA						
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CITY-ST-ZIP			2.4 C(1	r-ST-ZIP					
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STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				(-ST-ZIP					
certify that i oath; that I	the information indicated on this annu	al report or supplemental ar ration or the receiver or trust	rnished and d nnual report is tee empowere	oes not qualify fo true and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the sa report as required by Chapter 607, Floring 1.	ame legal effect as	if made under		

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