FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000020847 (8)**

1. Corporation Name
CLUB 20/20, INC.

Principal Place of Business
695 N ATLANTIC AVE
COCOA BEACH FL 32931

Mailing Address
695 N ATLANTIC AVE
COCOA BEACH FL 32931

3. Date Incorporated or Qualified: **03/19/1993**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3176076** 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
HELPHENSTINE, ENOLA F
100 AUCILA RD
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name: MARI L MCTAGGART
82 Street Address (P.O. Box Number is Not Acceptable): 330 Kent Dr.
83 ~~Cocoa~~
84 City: Cocoa Beach FL 85 Zip Code: 32931

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: Mari McTaggart MARI L MCTAGGART V/S 4/29/96
Signature (typed or printed name of registered agent and title, if any) (If CR2E031, Registered Agent signature, certificate when required) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	HELPHENSTINE, ENOLA F	
STREET ADDRESS	B-409, 3165 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	☑ DELETE
NAME	POWERS, NORMAN C	
STREET ADDRESS	101 AUCILA RD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	☐ Change ☑ Addition
1.2 NAME	Joseph R. McTaggart	
1.3 STREET ADDRESS	330 Kent Dr.	
1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
2.1 TITLE	V/S	☐ Change ☑ Addition
2.2 NAME	Mari L. McTaggart	
2.3 STREET ADDRESS	330 Kent Dr.	
2.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Mari McTaggart MARI L. MCTAGGART V/S 4/29/96 407-868 2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #