## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000020847 (8)

CLUB 20/20, INC.

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

**FILED** Jan 28 1998 8:00am Secretary of State



Fillicipal Flaci	e or business	Mailing Address				
895 N ATLANTIC AVE 695 N ATLANTIC AVE						
COCOA BEAG	CH FL 32931	COCOA BEACH FL 328	31		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					•	
A D-1	leas of During	T a. 43.9: A Juli			03/19/1993 4. FEI Number Applied For	
	lace of Business	2a. Mailing Address				
21 26				59-3176076   Not Applicable		
Suite, Apt. #, etc.				<b>5.</b> Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May 8e	
23		28	<b></b>		Trust Fund Contribution Added to Fees	
į ZŧP	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	g. Name and Address of Curren	nt Registered Agent		т	10. Name and Address of New Registered Agent	
MC	CTAGGART, MARI L		81	Name		
	KENT DIRVE		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	ICOA BEACH FL 32931			Stroot Address (1.0. Box Hambor is Not Addeptable)		
			83			
			<u> </u>	ļ	10-1 0	
			84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the abov	e-named	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corp	poration's board of directors. I hereby accept the appointment as registered	
agent. Fa	m familiar with, and accept the obliga	ations of, Section 607.0505, F	iorida Statute	S.		
SIGNATURE	Signature, typed or printed name of registered age	and and this distribution has a MAC	IC. Dogistored An	ent crannt re	e required when reinstating) DATE	
12.	OFFICERS AN		13.	erii signalore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE		Change Addition	
NAME	•		1.2 NAME			
	MCTAGGART, JOSEPH R.					
STREET ADDRESS	330 KENT DRIVE			ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	ם מנוכזנ	1.4 CITY-	ST-ZIP	Change Addition	
TETLE	VD	☐ DELETE	2.1 TITLE		Z change Z xoution	
NAME	MCTAGGART, MARI		2.2 NAME			
STREET ADDRESS	330 KENT DRIVE		2.3 STREE	ADDRESS	1 - 1 00001 5 31031	
CITY-ST-ZIP	COCOA FL		2. 4 CITY-	ST-ZIP	COCOA BEACH FL 32931	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	PPTROOF		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - 3 6.1 TITLE	51 - LIP	Change Addition	
		₩ pccc/t			- Crango - Cranitor	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		

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 informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 amount of the corporation with an address.