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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 DIVISION OF CORPORATIONS				
DOCUI	MENT # P93	000065357	(4)		
'	CLUBHOUSE RESTAUR	ANT, INC.	,		
				<u> </u>	
Principal Place of Business		Mailing Address			88111 88811 88118 81181 81184 1184 15111 1881 188
600 WILDER BLVD.		600 WILDER BLVD.			
DAYTONA	BEACH FL 32114	DAYTONA BEACH	FL 32114		
				<ol> <li>Date Incorporated or Qualified</li> <li>09/20/1993</li> </ol>	3a. Date of Last Report 02/24/1995
Here is	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# otc	26 Suite Apt # oto		59-3201903	Not Applicable
22	P 7 O.G.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	<del>)</del>	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5 00 Nau Ba
<b>23</b> Ζιρ	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
[24]	25	29	Country 30	This corporation has liability for Florida Statutes	r intangible tax under si 199.032, si ∏No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New	
) 5135	10 OLEN 1		81 Nan	ne	
	ar, glen a Vilder blvd.		82 Stre	et Address (P.O. Box Number is Not Accepta	ble)
	ONA BEACH FL 32114		83		
			84 City		FL 85 Zip Code
SIGNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, S	section 607.0505, Florida Statutes	eed by the corporations.  DIE Registered Agent signature.	corporation submits this statement for the pin's board of directors. I hereby accept the ap	pointment as registered agent. I am
12.	ļ	AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TOTE? NAME	DP DESTANDANCE	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	LEIZEAR, GLEN A 600 WILDER BLVD.		1.2 NAME 1.3 STREET ADDRES	ne l	
CITY-ST-ZIP	DAYTONA BEACH FL 3	2114	1.4 CITY - ST - ZIP	55	
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CHY-ST ZIP			2 3 STREET ADDRES	38	
TOLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STHEEL ADDRESS CIEY ST. ZIP			3.3 STREET ADDRE	SS	
11°1E		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change  Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	ss	
CHY SI ZIP TITLE		DELETE	44 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAM:		LJ 2222.16	5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRES	es	
COLY-ST ZIP		FINGER	5 4 CITY - ST - ZIP		
NAME :		DELETE	6-1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRES	ss	

6 4 CITY-ST-ZIP

14. I do horeby 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). Fiorida 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 outri, 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 Charges for on an attachment with an address.

SIGNATURE: \*

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)