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95 MAY 16 AM 8:15

**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000078862 (8)

**1. Corporation Name
BERMUDA CLUB CORPORATION**

**Principal Place of Business Mailing Address
2189 WEST 60TH ST. 2189 WEST 60TH ST.
SUITE 205 SUITE 205
HALEAH FL 33016 HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0444971	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FANO, JOSE E 2189 WEST 60TH ST. SUITE 205 HALEAH FL 33016	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

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 _____ Signature, typed or printed name of registered agent and fee if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANO, JOSE E	1.2 NAME	
STREET ADDRESS	2189 W. 60TH ST. SUITE 205	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL 33016	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, RAMON	2.2 NAME	
STREET ADDRESS	2189 W. 60TH ST. SUITE 205	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL 33016	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5/10/95** **905-826-2828** Date Telephone (Area #)