SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000079219 (0)**

1. Corporation Name

CLUB 100 INC.

Principal Place of Business	Mailing Address
8417 ARMENIA AVENUE NORTH **#735** **TAMPA FL 33604**	**8417 ARMENIA AVENUE NORTH** **#735** **TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21: 8415 ARMENIA AVE. N.
22 Suite, Apt. #, etc.: #130
23 City & State: TAMPA
24 Zip: 33604 Country:

2a. Mailing Address
26: 8415 ARMENIA AVE. N.
27 Suite, Apt. #, etc.: #130
28 City & State: TAMPA
29 Zip: 33604 Country:

4. FEI Number: **59-3208981** ☐ 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

LOPEZ, CLARA I
8417 ARMENIA AVENUE NORTH
#735
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 8415 ARMENIA AVE. NORTH
83: # 130
84 City: TAMPA FL 85 Zip Code: 33604

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	LOPEZ, CLARA I	12 NAME	
STREET ADDRESS	8417 ARMENIA AVE. NORTH #735	13 STREET ADDRESS	8415 ARMENIA AVE NORTH #130
CITY-ST-ZIP	TAMPA FL 33604	14 CITY-ST-ZIP	TAMPA FL 33604
TITLE		21 TITLE	VICE PRESIDENT/TREASURER ☐ Change ☑ Addition
NAME		22 NAME	KEVIN T. WATKINS
STREET ADDRESS		23 STREET ADDRESS	PO BOX 151588
CITY-ST-ZIP		24 CITY-ST-ZIP	TAMPA, FL 33684-1588
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 7-24-95 813-931-5191
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184363 FP