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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90079 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079219

1. Corporation Name
CLUB 100 INC.

Principal Place of Business

3911 W WATERS AVE
SUITE 10
TAMPA, FL 33614
US

Mailing Address

3911 W WATERS AVE
SUITE 10
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

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 owes the current year intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 Club 100 Inc

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 3911 W. Waters Ave #10

Suite, Apt. #, etc.

27

City & State

23 TAMPA FL

City & State

28

Zip

24 3314

Country

25 Hillborough

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, CLARA I
803 S. MACDILL AVE.
130
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title 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 ☐ DELETE

NAME LOPEZ, CLARA I
STREET ADDRESS 803 S. MACDILL AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE O ☐ DELETE

NAME LOPEZ, CLARA L
STREET ADDRESS 3911 W WATERS AVE SUITE 10
CITY-ST-ZIP TAMPA FL 33614

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2.5 STREET ADDRESS
2.6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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, with all other fees empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (813) 931.5191
Date Daytime Phone #

CR2E034 (11/98)