

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. Norman
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL 14 AM 11:50

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000000883 (6)

1. Corporation Name

JOURNEY'S END CARIBBEAN CLUB, INC.

Principal Place of Business

Mailing Address

2124 NE 123 ST
 SUITE 202
 N MIAMI FL 33181

2124 NE 123 ST
 SUITE 202
 N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/05/1994

4. FEI Number

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**

7. This corporation has liability for intangible tax under s. 199.022,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 850 N.E. 36TH TERR

26 850 NE 36TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT G

27 UNIT G

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34470

25 USA

29 34470

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, MARTIN L
 1370 NW 16 ST
 MIAMI FL 33125

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 the corporation)

(NOTE: Registered Agent signature required when negotiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS AND FILL IN IF APPLICABLE)

TITLE	D
NAME	PENLON, DONALD W
STREET ADDRESS	2124 NE 123 ST SUITE 202
CITY ST ZIP	N MIAMI FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	850 NE 36TH TERR UNIT G
1.4 CITY ST ZIP	OCALA FL 34470-1075
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 the 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:

DONALD W PENLON

Donald W Penlon

6-14-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please Print