FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SUITE 701

26

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

5770 ROOSEVELT BLVD

2a. Mailing Address

CLEARWATER FL 34820-3431

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

01/18/1994

59-3222923

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006793 (1)

CLUB CALLING CORP.

Principal Place of Business

2. Principal Place of Business

5770 ROOSEVELT BLVD

CLEARWATER FL 34620

SUITE 701

Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be П Added to Fees 23 28 Trust Fund Contribution Country ZiO Country Zip This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REGISTERED CORPORATE AGENTS, INC. 612 S. GREENWOOD AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34620** 83 Zip Code 84 City 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 Signal are typed or printed name of registored agent and title if applicable (NOTE: Rogisterad Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) OFFICERS AND DIRECTORS 13 12. Change ___ Addition OFLETE TITLE 1.1 TITLE JOHNSON, KEITH 1.2 NAME NAME 5000 62ND AVE S 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CHY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE TOCCO, ANTHONY NAME 2.2 NAME 11 700 RIVERSIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL City-St-ZiP 2. 4 CITY-\$T-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-\$1-2IF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY- ST ZIP DELETE 6.1 TITLE Channe Addition TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CiTY-ST-ZIP CITY-ST-ZiF 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name