

**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. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031441 (6)

1. Corporation Name

CLUB CARD CONCEPTS INCORPORATED

FILED

95 JUL 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**1400 NW 9 AVE
#9
BOCA RATON FL 33486**

Mailing Address
**1400 NW 9 AVE
#9
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1994	3a. Date of Last Report
4. FEI Number 65-0482933	☒ 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	

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

9. Name and Address of Current Registered Agent

**ARTHUR, GEORGE P JR.
1400 NW 9 AVE
#9
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE PS	NAME ARTHUR, GEORGE P JR.	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 1400 NW 9 AVE #9	CITY - ST - ZIP BOCA RATON FL 33486	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE CD	NAME ARTHUR, GEORGE P	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 136 DABILL PL	CITY - ST - ZIP LIMA OH 45805	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE VT	NAME SPRADLIN, GARY N	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 88 MEWS	CITY - ST - ZIP LIMA OH 45805	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 110.07(3)(d), 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: *George P. Arthur Jr.*
(DO NOT SIGN AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

7/25/95 407/595-7737
(Date) (Filing Number)