

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

FILED  
Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P94000044865 (1)			
1. Corporation Name <b>CLUB MEMBERSHIP CONCEPTS CORPORATION</b>			
Principal Place of Business		Mailing Address	
4800 N FEDERAL HWY SUITE 300B BOCA RATON FL 33431		4800 N FEDERAL HWY SUITE 300B BOCA RATON FL 33431	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
06/13/1994		04/23/1996	
4. FEI Number		Applied For	
65-0502826		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DENNIS W. HILLIER 4800 N FEDERAL HWY SUITE 300B BOCA RATON FL 33431		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 607.1505, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
President, Director <input type="checkbox"/> DELETE Hillier, Dennis W 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
Executive V.P., Director <input checked="" type="checkbox"/> DELETE Wanless, James E 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
Vice President <input type="checkbox"/> DELETE Gerena, Glenn A. 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
Vice President <input type="checkbox"/> DELETE Giesen, Robert P. 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
Vice President <input checked="" type="checkbox"/> DELETE Shapiro, Michael J. 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002215184 -06/18/97--01030--008 ***550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
Vice President <input type="checkbox"/> DELETE Sim, Michael P. 4800 N Federal Hwy Suite 300B Boca Raton, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition CS 6/17/97	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Dennis W. Hillier</u>		6/4/97 (561) 367-0430	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)