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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P95000024419 (0)

rincipal Place of Business	Mailing Address		
1114 NO. GOLFVIEW ROAD	1114 NO. GOLFVIEW ROAD		
LAKE WORTH FL 33460	LAKE WORTH FL 33460		

FILED Feb 25 1998 8:00am Secretary of State

INTERN	NATIONAL (CLUB MAKERS, II	NC.						
Principal Plac	e of Business		Mailing Addre	ess				I BEBLE BIBBLE	AIBIO ADIL ADDA
1114 NO. GO	LFVIEW ROAD		1114 NO GC	OLFVIEW ROAD	i				
LAKE WORTH FL 33460 LAKE WORTH FL 33460									
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
				· 			03/27/1995		
 -	lace of Busines	SS	2a. Mailing Ad	ddress			4. FEI Number		Applied For
				26			65-0570971		Not Applicable
Suite, Apt. #, etc.			— · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State				City & State					Required
¬ '							Election Campaign Financing Trust Fund Contribution		May Be
Zip		Country	28 Zip		Country	,	··		d to Fees
24	25	٦	29	30	- '	'	This corporation owes or has paid the cur Personal Property Tax due June 30.	rentyeari ∐Yes	Intangible No
		d Address of Current					10. Name and Address of New Registered		
MO	RIARTY, EDW				81	Name			
									
1114 NO. GOLFVIEW RD. LAKE WORTH FL 33460				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	C HOMM	L 00700			83	-	·		
					84	City	FL	85 Zip	p Code
office or r agent. I a SIGNATURE	egistered agen m familiar with,	t, or both, in the State of and accept the obligat	of Florida. Such ch tions of, Section 60	hange was aut 07.0505, Floric	horized by da Statutes	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing ointment a	its registered is registered
	Signature, lyped or p	x Pled name of registered agent		(NOTE R		nt signature requ	ulred when reinstating) DATE		
12.	- B	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	MODIADTY	COMMO	لــا	DELETE	1.1 TITLE			L Change	Addition
NAME		', EDMUND	n		1.2 NAME				
STREET ADDRESS		TH GOLFVIEW ROAL	U		1.3 STREET	- 1			
CITY-ST-ZIP	ST ST	RTH FL 33460		DELETÉ	1.4 CITY - 5	T-ZIP		Change	Addition
TITLE		ADOLVALO		DELETE	2.1 TITLE				Agailloit
NAME		CAROLYN G	n	;	2.2 NAME				
STREET ADDRESS		TH GOLFVIEW ROAL	ט	†	2.3 STREET				
CITY-ST-ZIP	DAKE WOR	RTH FL 33460		DELETE	2.4 CITY - S 3.1 TITLE	ST - ZIP		Change	Addition
TATLE			ب	DECETE		- 1		Glialitic	Accilion
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET	1			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DELETE	3.4. CITY - S	ST-ZIP		☐ Change	Addition
TITLE			LJ	DELETE	4.1 TITLE			□ Citani g e	LI AUUIIIUII
NAME				ļ	4.2 NAME	I DODGOO			
STREET ADDRESS					4.3 STREET				
City-S1-ZIP				DELETE	4.4 CITY-S1	T - ZIP		Change	Addition
TITLE			L	OLLLIL	5.1 TITLE				- VOOUGE
NAME					5.2 NAME				
STREET ADDRESS				J	5.3 STREET				
CITY-ST-ZIP				DELETE	5.4 CITY - ST	1 - ZIP		Change	Addition
TITLE			لاء	DECEIE	6.1 TITLE			change	
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET				
CITY-ST-ZIP	ortify that the is	formation pupplied with	b this filing doss s	ot avality for t	6.4 CITY - ST		n Section 119 07(3)(i) Florida Statutos I further on	rtific that th	o information

indicated on this annual report or supplied with this little does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and courate 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, corporation or the receiver with an address.

(561) 357 0841