SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

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13.

1.1 100.6 1.2 NAME

2 1 TIFLE

2.2 NAME

3 1 TITLE

3.2 NAME

4.1 TIRLE

4 2 NAME 4.3 STREET ADDRESS

5.1 1011.5 5.2 NAM

6 1 TI'LE

6.2 NAME

1.3 STREET ADDRESS

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3.3 STREET ADDRESS

3.4 CITY - ST-ZIP

4 4 CITY - ST - ZIF

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

2 4 CiTY - ST - 7iP

14 CITY - ST - ZIF

Name

City

1996

Country

9. Name and Address of Current Registered Agent

Signature, typa comprished name of registers diagent in distlicating pleator

OFFICERS AND DIRECTORS

DOCUMENT # P95000048512 (4)

CLUB KIT. INC.

Principa! Place of Business 3201 28TH ST NORTH ST. PETERSBURG FL 33784

2. Principal Place of Business

HIGMAN, WILLIAM

3201 28TH ST NORTH ST. PETERSBURG FL 33784

HIGMAN, WILLIAM

3201 28TH ST NORTH

ST. PETERSBURG FL 33784

Suite, Apt. #, etc.

City & State

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Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIF

CHY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

CHTY - ST- 7IP

12.

TITLE

NAME

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NAME

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TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

DELETE

DELETE

DELETE

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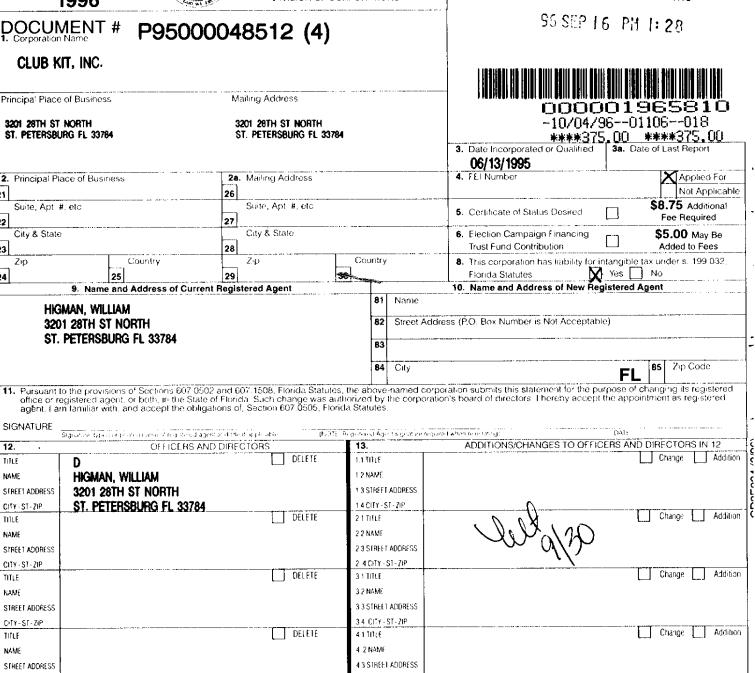
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3201 28TH ST NORTH ST. PETERSBURG FL 33784

FILLO SECRETARY OF STATE DIVISION OF CORPORATIONS



6.4 CITY - \$1 - 2(P CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 turber certify that the information undeated 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 617. Florida Statutes, and 3 if changed, or on an attachment with an address that my name appears in E

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Change Addition

Change ____ Addition