FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996

24

DOCUMENT # P95000096620 (6)

DEMAR CLUB MANAGEMENT, INC.

25

DEMAR CLUB MANAGEMENT, II	 		
Principal Place of Business	Mailing Address		0141 60110 15 110 5 111 5 0 1410 15014 5 014 1 0
19651 BRUCE B. DOWNS BLVD. STE D-3115 TAMPA FL 33647	19651 BRUCE B. DOWNS BLVD. STE D-3115 TAMPA FL 33647		
		3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	, Applied Fo
[21]	26	59-3351730	O Not Applic
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Country	8. This corporation has liability for it	ntangible tax under s 199.032,

81 FISS, HERB JR. 82 15310 AMBERLY DRIVE STE 250 **TAMPA FL 33647** 83 84 Zip Code 33647 85

30

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 horeby accept the appointment as registered agent. I am

taminar wi	in, and accept the obligations of section	607.0505, Florida Statute	s.	A service of positions as regions to agont, range	
SIGNATURE	Signature, typed or pright name of registered against a	little if anni pable // // // // // // // // // // // // //	IOTE Registered Agent signature required	wton refristating) April 29, 1996	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TULE	PD	DELETE	1. 1 TITLE	☐ Change ☐ Addition	
NAME	MARGARELLA, FRANK J		12 NAME		
STREET ADDRESS	JACK BANKS OF MANNES OF THE STATE OF THE STA		13 STREET ADDRESS		
C(1Y-ST-ZIP	TAMPA FL 33647		1.4 Crty - ST - ZiP		
TITLE	VSTD	DELETE	2 1 TITLE	☐ Change ☐ Addition	
NAME	DE RISO, JAMES A		2.2 NAME		
STREET ADDRESS	10002 PRINCESS PALM AVENUE	STE 212	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	Change	
NAME		• •	3.2 NAME *	La visings La richitett	
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - 7:P		
TITLE		DELETE	4.1 THE	Change Addition	
NAME			4.2 NAME	hand the first t	
STREET ADDRESS			4 3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - SY - ZIP	100001836031	
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	5 1 TOTLE ,	-05/23/9601010020change [] Addition	
NAME			52 NAME	***200.00	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 Crty-St-ZIP	0/2	
TITLE		DELETE	6 1 7 iTLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	\mathcal{O}_{II} \mathcal{C}_{I}	
			U.S OTTALL MADIE DO	SN *)	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block an address

6.4 CITY - ST - ZIP

SIGNATURE:

Florida Statutes

Yes No

10. Name and Address of New Registered Agent

813-663-0500

CR2E034 (12/95)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees