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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096620 (6)

DEMAR CLUB MANAGEMENT, INC.

Principal	Place o	f Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



19851 BRUCE B. DOWNS BLVD. STE D-3115 TAMPA FL 33647		19651 BRUCE B. DOWN: TAMPA FL 33647-2445	19651 BRUCE B. DOWNS BLVD. STE D-3115 TAMPA FL 33647-2445					
					3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last R 05/01/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			59-3351736	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 / Fee Re		
City & State	ө	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29				Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent		т	10. Name and Address of New Reg	Istered Agent		
	Garella, Frank j		81	Name			j	
19651 BRUCE B. DAWNS BLVD., #D3115 TAMPA FL 33647			82 Street Address (P.O. Box Number is Not Acceptable)					
			8:	3				
			8	City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Starm familiar with, and accept the obt	to of Florida. Such chance wa	is authorized b	iv the cornora	poration submits this statement for the pr tition's board of directors. I hereby accep	roose of changing it	s registered registered	
SIGNATURE	Signature, typed or printed name of registered a	count and title if anotherable. (A	IOIE Boniclason A	ood c ocalus sec.	iired when reinstating)	DATE		
12.		ND DIRECTORS	13.	jeni a gratare requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	PD	DELETE	1,1 1ITLE			Change	Addition	
NAME	MARGARELLA, FRANK J	_	1,2 NAME					
STREET ADDRESS	19651 BRUCE B. DOWNS BL	VD. STE D-3115	1.3 S1RE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL 33647		14 CITY-	!				
TITLE	VSTD	☐ DELETE	21 THLE			Change	Addition	
NAME	DE RISO, JAMES A		2.2 NAME					
STREET ADDRESS	10002 PRINCESS PALM AVE	NUE STE 212	2.3 S1RE	1 ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		2 4 CITY	- ST - ZIP				
TITLE		☐ DELETE	3 1 117 t E			Change	Addition	
NAME			3 2 NAMI	:				
STREET ADDRESS			3 3 STRE	T ADDRESS				
CITY-ST-ZIP			3 4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4,111111			Change	☐ Addition	
NAME			4 2 NAM	E			1	
STREET ADDRESS			4.3 STRE	1 ADORESS				
CITY-ST-ZIP			4.4 C(TY	S1-7(P				
TITLE		☐ DELETE	5,11111.6			Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	1 ADDRESS				
CITY-ST-ZIP			5.4 CITY	S1 - 7IP				
TITLE		☐ DELETE	61 TITLE			Change	∐ Addilion	
NAME			6.2 NAM					
STREET ADDRESS			63 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		64 CITY	ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receipt of the corporation of the corporation or the receipt of the corporation or the receipt of the corporation of the corporation or the receipt of the corporation of the corpora