

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001548 (2)

1. Corporation Name
CITATION CLUB CORP.



Principal Place of Business
2295 CORPORATE BLVD., NW, STE 240
BOCA RATON FL 33431

Mailing Address
2295 CORPORATE BLVD., NW, STE 240
BOCA RATON FL 33431-7328

3. Date Incorporated or Qualified 01/05/1996
3a. Date of Last Report

2. Principal Place of Business
21 31731 Northwestern Hwy.
Suite, Apt. #, etc. Suite 250 W
City & State Farmington Hills, MI
Zip 48334 Country Oakland
22 31731 Northwestern Hwy.
Suite, Apt. #, etc. Suite 250 W
City & State Farmington Hills, MI
Zip 48334 Country Oakland
23 31731 Northwestern Hwy.
Suite, Apt. #, etc. Suite 250 W
City & State Farmington Hills, MI
Zip 48334 Country Oakland
24 31731 Northwestern Hwy.
Suite, Apt. #, etc. Suite 250 W
City & State Farmington Hills, MI
Zip 48334 Country Oakland

4. FEI Number 65-0630722
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUPTAK, PAOLA M
2295 CORPORATE BLVD., NW, STE 240
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 607.1508, 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 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

4/28/97

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☒ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☒ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☒ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☒ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☒ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: *[Signature]* 4.28.97 (8.0) 733-10155

CR2E034 (9/96)