

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000001548 (2)**

1. Corporation Name
CITATION CLUB CORP.



Principal Place of Business 31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS MI 48334 US	Mailing Address 31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS MI 48334 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 01/05/1986	
21		25		4. FEI Number 65-0630722	
22		26		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26		30			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZNOS, HAROLD	1.2 NAME	BEZNOS, MAURICE
STREET ADDRESS	31731 NORTHWESTERN HWY, 250W	1.3 STREET ADDRESS	31731 NW HWY, STE 250W
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPTAK, JERRY	2.2 NAME	VSD
STREET ADDRESS	31731 N.W. HWY, STE. 250W	2.3 STREET ADDRESS	BEZNOS, NORMAN
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP	31731 NW HWY, STE 250W
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAKER, DON	3.2 NAME	PAOLA LUPTAK
STREET ADDRESS	31731 NW HWY, STE. 250W	3.3 STREET ADDRESS	2295 CORPORATE BLVD NW STE 240
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZNOS, MAURICE	4.2 NAME	
STREET ADDRESS	31731 NW HWY, STE. 250W	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	4.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZNOS, NORMAN	5.2 NAME	
STREET ADDRESS	31731 NW HWY, STE. 250W	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: 

CR2E034 (10/97)