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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000019816 (3) DOCUMENT #

CLUB 64, INC.

Principal Place of Business

**1842 MCKINLEY STREET STE 3** HOLLYWOOD FL 33020

Mailing Address

1842 MCKINLEY STREET STE 3 HOLLYWOOD FL 33020-3136

## **FILED** May 05 1997 8:00am Secretary of State



• •					3. Date incorporated or Qualified 02/29/1996	3a. Date of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address	0000		4. FEI Number		plied For	
21		26 PO BOX 2	2278	S J	65-0649216		of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State  28 Holly wood			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ziρ	Country	Zip	Country	/	8. This corporation has liability for i		199.032,	
24	25	41	30			Yes No		
<u> </u>	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Re	gistered Agent		
	OW, ROBERT A		81	Name				
	2 MCKINLEY STREET STE 3		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ie)		
HOL	LYWOOD FL 33020		83	ļ				
			63					
			84	City		FL 85 Zip	Code	
<ul> <li>office or r</li> </ul>	to the provisions of Sections 607.0502 egistered agent, or both, in the State or in familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida Such change was a ions of, Section 607.0505, Flo	uthorized b rida Stalute	y the corporat s.	oration submits this statement for the p lion's board of directors. I hereby accep red when relinstating)	urpose of changing it the appointment as	s registered registered	
12.	OFFICERS AND		18.	un agra de raden	ADDITIONS/CHANGES TO OFFIC		S IN 12	
TITLE			1.1 1111.6		7,0011010707111102010 01110	Change	Addition	
NAME	SNOW, ROBERT A	<u> </u>	1.2 NAME					
STREET ADDRESS	1842 MCKINLEY STREET STE 3		1.8 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY - ST - ZIP				-	
TOTLE	☐ DELETE 2.4		2.H TITLE			☐ Change	Addition	
NAME			2 P NAME					
STREET ADDRESS			2.8 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-	S1 - 7IP		<u> </u>		
TITLE	DELETE 3.1		3.1 TITLE			☐ Change	Addition	
NAME			3 2 NAME					
STREET ADDRESS			3 R STREE	1 ADDRESS				
CITY-ST-ZIP		Dourse	3 4. CITY -	S1 - 7IP	distribution del celes mais distribution Wilder (1), de l'estre de l'estre de l'estre de l'estre de l'estre de			
TALE			417171.			[_] Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CHY- 5.1 THLE	S1 · ZIP		Change	Addition	
JITLE		C) otten					Addition	
NAME STORET ANDDECC			5.2 NAME	I ADDRESS				
STREET ADDRESS			5.3 STREE 5.4 CITY-					
CITY-ST-ZIP		D OELETE	6.1 TITLE	01-511.		Change	Addition	
NAME		L_ occur	G2 NAME	1				
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			6.4 CHY-					
	by certify that the information supplied	with this filing does not qualif	y for the ex-	emption state	d in Section 119.07(3)(i), Horida Statute	s. I further certify that	the	

Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or lam 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 allachment with an address.

1054 072-1105