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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporatio		CLUB, INC.	JUU29714 (c	?)			
Dringing! Dies	a of Dualage		Mailing Address			111411111   114   11440   11441   11444   11444   11444   11444   11444   11444   11444   1144	
1101 N, LAKE DESTINY DR 1101 N, LAKE DESTINY SUITE 400 SUITE 400				IT UH			
MAITLAND FI	L 32751		MAITLAND FL 32751			DO NOT WRITE IN THI	IS SPACE
						3. Date Incorporated or Qualified	
						04/04/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		59-3379101	Not Applicable \$8.75 Additional	
22			27		5. Certificate of Status Desired	Fee Required	
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip		Country	Zip	Coun	itry	8. This corporation owes or has paid the	
24		25	29	30		Personal Property Tax due June 30.	∐ Yes ∐ No
			rent Registered Agent		B1 Name	10. Name and Address of New Registere	a Agent
	LGUIDICE,						
		E DESTINY DR		[8	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	IITE 400 Vitland fl	00754		1	83		
IMP	MILAND FL	. 32/31					
				1	B4 City	F	85 Zip Code
11. Pursuant office or r	to the provis registered ag	tions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob	0502 and 607.1508, Florida Sta ate of Florida. Such change wa ulications of, Section 607.0505,	tutes, the abo as authorized Florida Statu	ove-named co by the corporates.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
			•				
SIGNATURE		or printed name of registered	agent and title if applicable. (I			guired when reinstating) DATE	4
SIGNATURE	Signature, typed	or printed name of registered	agent and title if applicable. (P	NOTE: Registered	Agent signature red		ND DIRECTORS IN 12
SIGNATURE  12. TITLE	Signature, typed	or printed name of registered OFFICERS /	agent and title if applicable. (I	NOTE: Registered 13.	Agent signature red	guired when reinstating) DATE	4
SIGNATURE  12.  TITLE  NAME	Signature, typed  D  DELGU	or printed name of registered OFFICERS A	agent and title if applicable. (f	NOTE: Registered and 13. 1.1 TITE 1.2 NAM	Agent signature red E	guired when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	DELGU	OFFICERS A DICE, FRED LAKE DESTINY DR	agent and title if applicable. (f	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature red E ME EET ADDRESS	guired when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELGU	or printed name of registered OFFICERS A	agent and title if applicable. (f AND DIRECTORS  DELETE  R, STE 400	NOTE: Registered 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	Agent signature red £ AE EET ADDRESS Y-ST-ZIP	guired when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELGU	OFFICERS A DICE, FRED LAKE DESTINY DR	agent and title if applicable. (f	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature red  £  AE  EET ADDRESS  Y-ST-ZIP  Æ	guired when reinstating) DATE	IND DIRECTORS IN 12 Change
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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 S indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal of ficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Papter 607, Dricka Block 12 or Block 13 if changed, or on an attachment with an address. 407-660-8666

H-MATURE REQUIRED