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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000085320 (5)

CLUB SUPPORT SERVICES,INC. Principal Place of Business Mailing Address 4411 CLEVELAND AVENUE 4411 CLEVELAND AVENUE FT MYERS FL 33901-9011 FT MYERS FL 33901 3. Date incorporated or Qualified 36. Date of Last Report 10/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032, Country Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name GARGANO, ANTHONY J 1520 ROYAL PALM SQUARE BLVD. 82 Street Add SUITE 260 ft myers fl 33919 83 84 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 a. office or registered agent. Lam famill SIGNATURE il applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (96/6) DELETE 1 1 TITLE Change Addition THE LAGESCHULTE, DAVID L 1.2 NAME NAME 4411 OLEVELAND AVEC 2700 W. Gypress Creek Rom
FT MYERS FL 20001. Ste. C-100
Docardent Fort Landerdoff BREET 333 STREET ADDRESS 4 CITY-ST-ZIP CITY - ST - ZIP 2.1 TITLE Change Addition President THEF NAME William D. Green 2700 W. CHOPESS Creek Road, Ste. C-100 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST Change Addition 3.1 TITLE THILE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIF DELETE ___ Change ■ Addition 4.1 TITLE THLE NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST-78 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP C(1Y+S1-2)P DELETE Addition ☐ Change TITLE 6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

Colty-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 in dicated 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 for the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICE OF DIRECTOR

Daytime Phone 4

FILED

May 02 1997 8:00am

Secretary of State

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