

520-98 B 7710 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 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 # P97000019606 (7)
1. Corporation Name
CLUB 502, INC.



Principal Place of Business
504 LUCERNE AVENUE
LAKE WORTH FL 33460

Mailing Address
504 LUCERNE AVENUE
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0731957	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name EUGENE A. CONTI			
				82 Street Address (P.O. Box Number is Not Acceptable) 111 NORTH "M" STREET			
				83			
				84 City LAKE WORTH FL 85 Zip Code 33460			

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 _____ DATE 5/6/98
Signature typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	GIAMMARESI, NORIS M	1.1 TITLE	DP	1.2 NAME	EUGENE A. CONTI, TR
STREET ADDRESS		STREET ADDRESS	504 LUCERNE AVENUE	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	111 NORTH "M" ST.
CITY - ST - ZIP		CITY - ST - ZIP	LAKE WORTH FL 33460				LAKE WORTH, FL 33460
TITLE	DP	NAME	EUGENE A. CONTI, TR	2.1 TITLE		2.2 NAME	
STREET ADDRESS		STREET ADDRESS	111 NORTH "M" ST.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	LAKE WORTH, FL 33460				
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		STREET ADDRESS		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
CITY - ST - ZIP		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: _____

4/20/98 (601) 543-4766

CR2E034 '1097