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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062940 (6)

Secretary of State

FILED

Mar 11 1998 8:00am

THE F		P CLUB, INC.		, ,								
Principal Plac	ce of Busines	s	Maili	ng Address			··	-	L (30 0) 301 (18 180) (184) 30 (0) 30 (0)			Dil Odia Mili
220 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 220 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411								DO NOT WRI	TE IN THIS	S SPACE	<i>y</i>	
								3.	Date Incorporated or Qualifier			
								1	07/18/1997			
2. Principal f	Place of Busin	ness	2a. N	2a. Mailing Address				4.	FEI Number		I/A	pplied For
21			26	26				İ			 	ot Applicable
Suite, Apt.	. #, etc.		S	Suite, Apt. #, etc.			_	Certificate of Status Desired		\$8.75	Additional	
22			27				بْ ا	Certificate of Status Desireo	<u></u>	Fee R	equired	
City & Stal	te		— —	City & State			6.	Election Campaign Financing	_		May Be	
3				Zip Country					Trust Fund Contribution	<u> </u>		to Fees
Zip		Country	J7	ib.		ntry		8.	This corporation owes or has	•		
24	O Name	and Address of Cu	29	ad Agant	30				Personal Property Tax due Ju Name and Address of New I			Ø No
14//			Mont Hegister	an whair		81	Name	10.	, Maine allu Address di Rem I	Jahistere	y Agent	
	OLOSZCZUI				- [
1252 RAINTREE LN WELLINGTON FL 33414							Street Addr	ess (P	O. Box Number is Not Accept	able)		
YY	ELLINGTON	FL 33414										
					1	83						
		. 1			1	1	City			F		Code
	to the provisi registered ag am terhilar wi	ions of Sandans 607 lent, or being in the S th, and expect the o	.0502 and 607 State of Florida obligations of, S	1908, Florida Statu Such change was action 607.0505, Fl	es, the ab authorized orida Stati	iove- I by t ites.	named corp the corporat	orationis b	n submits this statement for the coard of directors. I hereby acc	purpose ept the ar	of changing i	ts registered registered
SIGNATURE Signature, up and or printed native of registered Agent signature require								ed when	reinstating)	DATE	-10	
12. /	11//	OFFICERS	AND DIRECTO	ORS	13.			7	ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IN 12
TITLE	/DP/			☐ DELETE	1.1 TIT	LE					Change	☐ Addition
NAME	1	Lia, arthur			1.2 NA	ME	-					
STREET ADDRESS		ECONIC CT			1.3 ST	REET AI	DDRESS					
CITY-ST-ZIP		GTON FL 33414			1.4 CIT	Y-ST-	ZIP		······································			
TITLE	۵۷			☐ DELETE	2.1 TIT	LE					Change	Addition
NAME	PALMER	•	V 466		2.2 NA	ME						
STREET ADDRESS	LAVE WORTH CL DOZOL						2.3 STREET ADDRESS			\$		
CITY-ST-ZIP		URIH FL 33401		DELETE	2.401		-ZIP				Chance	T Addition
TITLE	DST JACOBS	EADI.		□ DELETE	3.1 117						L Change	LI AGORION
NAME STREET LEDGESS		PALMAS ST			3.2 NAI							
STREET ADDRESS		PALM BEACH FL	33461				3.3 STREET ADDRESS 3.4. CITY - ST - ZIP					ł
CITY-ST-ZIP TITLE	1101712	THEIR DESCRIPTION	00101	DELETE	4.1 TIT		- 211				Change	Addition
NAME	·			<u> </u>	4, 2 NA		1				onango	nonnon
STREET ADDRESS							DDRESS					
CITY-ST-ZIP					4.4 CIT		l i					
TITLE				DELETE	5.1 TITI		-				Change	Addition
NAME					5,2 NA						•	
STREET ADDRESS					5,3 STR	EET AD	DDRESS					
CITY-ST-ZIP					5.4 CIT	Y-ST-	ZIP					
TITLE				DEL ete	6.1 TITI	_					Change	Addition
NAME					6.2 NA	Æ						
STREET ADDRESS	1.				6.3 STR	EET AC	DDRESS					
CITY-ST-ZIP	<u> </u>				6.4 CIT	Y-\$1-	ZIP				_	
14. I hereby certify that the information supplied with the information indicated on this annual report or supplemental annual report is true and accurate and the 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 of trustee and the power of the second that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.												