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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sariora & MoHIPM ANNUAL REPORT Secretary or State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000101034 (1) CLUBS & U. INC. Princip. Place of Business Mailing Address 2605 NW 31ST STREET 2695 NW 31ST STREET **BOCA RATON FL 33434-3629 BOCA RATON FL 33434-3629** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intanguals Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SEGAL, NEIL 2695 NW 31ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434-3629** 83 84 City Zip Code 85 ns 607.0502 and 607.0508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered mine State of forder. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pline bligations of Section 607.0508, Florida Statutes. 11. Pursuant to the provisions of Soc office or registered agent, or bot agent. I am familia with, and ac SIGNATURE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE 1.2 NAME NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELF TE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITE E NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 of 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 countrial or 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, of on an adjachment with an address. 488 99Wo SHASI