

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04624
1. Corporation Name
600 Club Corporation

Principal Place of Business: C/O MAS Companies, 1105 Schrock Rd., Columbus, OH 43229-1174
Mailing Address: 600 Cleveland Street, Suite 970, Clearwater, FL 34615



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/4/90	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3030008	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
Elise K. Winters
600 Cleveland St. Suite 940
Clearwater, FL 34615

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 607.0509, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent in full in replication.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
Treasurer	Whaley, Richard J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1105 Schrock Rd. Suite 206	1.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43229-1174	1.4 CITY-ST-ZIP	
President	Dean, Dennis E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	600 Cleveland St. S 970	2.1 TITLE	
CITY-ST-ZIP	Clearwater, FL 34615	2.2 NAME	
Secretary	McVay, Tom D.	2.3 STREET ADDRESS	
STREET ADDRESS	1105 Schrock Rd. Suite 206	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	Columbus, OH 43229-1174	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-07-96 OK

5-30-96