

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

FILED

Jan 27 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 # S45695 (1)

1. Corporation Name

ADULT SINGLES CLUB SARASOTA/MANATEE COUNTIES, IN
C.



Principal Place of Business 4231 OAKHURST CIR. E SARASOTA FL 34233	Mailing Address 4231 OAKHURST CIR. E SARASOTA FL 34233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5725 CENTER POINTE LANE Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34233		2a. Mailing Address 26 5725 CENTER POINTE LANE Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34233		3. Date Incorporated or Qualified 04/15/1991	
Country 25 USA		Country 30 USA		4. FEI Number 65-0227821	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 PARKER HAZEL B 4210 18TH STREET WEST BRADENTON FL 34205		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		NANCY MARTIN 5725 CENTER POINTE LANE SARASOTA FL 34233	

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 Nancy Martin Pres. Nancy E Martin 1-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENYI, ALEXANDER 1719 BRADMOOR SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT NANCY MARTIN 5725 CENTER POINTE LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, MARGRETTA 5120 14TH ST. W. LOT 112 BRADENTON FL 34207	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP ALLEN BABINEAUX 3196 BAHIA VISTA SARASOTA FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLMAN, VIRGINIA 4231 OAKHURST CIR. E. SARASOTA FL 34233	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER FRANCIS JANIK 209 OAKWOOD BLVD E. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, NANCY E 3310 MCINTOSH RD SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SEC. VIOLA HEAVRIN 5316 53RD AVE EAST ZAI BRADENTON FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy E Martin, Pres.

1-17-98

CR2E034 (10/97)