

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

**CORPORATION
ANNUAL REPORT
1995**



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

**-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:16

DOCUMENT # S52225 (7)

1. Corporation Name
CLUB CONSULTANTS OF FLORIDA, INC.

Principal Place of Business TRIWEST PLAZA 3030 LBJ FREEWAY DALLAS TX 75234-7703	Mailing Address TRIWEST PLAZA 3030 LBJ FREEWAY DALLAS TX 75234-7703
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/10/1991		3a. Date of Last Report 02/16/1994	
4. FEI Number 75-238 1269		Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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		FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT H.	1.2 NAME	
STREET ADDRESS	3030 LBJ FRWY S700	1.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TERRY A.	2.2 NAME	
STREET ADDRESS	3030 LBJ FRWY, SUITE 5700	2.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, R. MICHAEL	3.2 NAME	
STREET ADDRESS	3030 LHB FRWY, SUITE 5700	3.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	3.4 CITY- ST- ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBIE, R. H.	4.2 NAME	
STREET ADDRESS	3030 LHB FRWY S700	4.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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)(k), 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: R. H. Zambie RH Zambie 2-2-95 211-888-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)