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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S99908

1. Corporation Name

EMPLOYEE SHOPPING CLUB

Principal Place of Business

Mailing Address

291 S.E. 1ST TERRACE
DEERFIELD BEACH, FL. 33441

3. Date Incorporated or Qualified

12/31/91

3a. Date of Last Report

4/22/96

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICKY D. LEWIS
1192 N.W. 40TH AVE APT# 208
LAUDERHILL, FL. 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT/DIRECTOR
NAME: RICKY D. LEWIS
STREET ADDRESS: 1192 N.W. 40TH AVE APT# 208
CITY-ST-ZIP: LAUDERHILL, FL. 33313

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VP/DIRECTOR
NAME: DALE ROBINSON
STREET ADDRESS: 531 PENNSYLVANIA AVE
CITY-ST-ZIP: FT. LAUD, FL. 33312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: SECRETARY/DIRECTOR
NAME: KEITH SPAN
STREET ADDRESS: 4780 NW 20TH CT
CITY-ST-ZIP: LAUDERHILL, FL. 33313

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: TREASURER/DIRECTOR
NAME: KEITH BROWN
STREET ADDRESS: 221 SW 28TH TERRACE
CITY-ST-ZIP: FT. LAUD, FL. 33312

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Ricky D. Lewis - RICKY D. LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 480-9800
Date Daytime Phone #

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