FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 13 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16511 (0)

1. Corporation Name
FORT LAUDERDALE OPTIMIST CLUB, INC.

Principal Place of Business	Mailing Address
C/O BANK ATLANTIC 960 S POMPANO PARKWAY POMPANO BEACH FL 33069	C/O BANK ATLANTIC 960 S POMPANO PARKWAY POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26 C/O BANKATLANTIC
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 4295 N. ANDREWS AVE
City & State 23	City & State 28 FT. LAUDERDALE, FL.
Zip 24 / Country 25	Zip 29 33309 / Country 30

4. FEI Number: 59-6139254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUGHES, LORENE C/O BANK ATLANTIC ~~960 S POMPANO PARKWAY~~ POMPANO BEACH FL 33069	81 Name: LORENE HUGHES 82 Street Address (P.O. Box Number is Not Acceptable): 4295 NORTH ANDREWS AVE 83 84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LEGAULT, DONALD	1.2 NAME	GENE PAIGE	
STREET ADDRESS	960 S. POMPANO PKWY	1.3 STREET ADDRESS	~~960 S POMPANO~~ 4295 N. ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	FT. LAUD, FL. 33309	
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HUGHES, LORENE	2.2 NAME	LORENE HUGHES	
STREET ADDRESS	960 S. POMPANO PKWY	2.3 STREET ADDRESS	4295 N. ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	FT. LAUD, FL. 33309	
TITLE	ST	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	GEIGER, STEPHEN	3.2 NAME	STEPHEN GEIGER	
STREET ADDRESS	960 S. POMPANO PKWY	3.3 STREET ADDRESS	4295 N. ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	FT. LAUD, FL. 33309	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: S/T STEPHEN A. GEIGER 3/12/95 305-923-3616
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

011303 CP