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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56558   (2)

1. Corporation Name
CLUB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3005 W. LAKE MARY BLVD. SUITE 124 LAKE MARY FL 32746	3005 W. LAKE MARY BLVD. SUITE 124 LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**3.** Date Incorporated or Qualified **08/11/1992**	
Suite, Apt. #, etc. `22`	Suite, Apt #, etc. `27`	**4.** FEI Number **59-3143617**	Applied For / Not Applicable
City & State `23`	City & State `28`	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip `24`	Country `25`	Zip `29`	Country `30`

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STEIDLE, WAYNE T
711 SUGAR BAY WAY
#201
LAKE MARY FL 32746

Ben Cohen
554 Hardwood Pl.
Lake Mary, FL 32746

10. Name and Address of New Registered Agent

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 *Ben Coh* BENN COHEN PRESIDENT   *4-27-98*
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	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEIDLE, WAYNE T		1.2 NAME	
STREET ADDRESS	107 GRANDVIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		1.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAPHAEL, ROSS		2.2 NAME	
STREET ADDRESS	107 GRANDVIEW DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		2.4 CITY-ST-ZIP	
TITLE	*PRESIDENT*	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	*BENN COHEN*		3.2 NAME	
STREET ADDRESS	*554 Hardwood Pl.*		3.3 STREET ADDRESS	
CITY-ST-ZIP	*Lake Mary FL 32746*		3.4 CITY-ST-ZIP	
TITLE	*V.P.*	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	*Thomas Somerville*		4.2 NAME	
STREET ADDRESS	*2632 SR 434 Ste 100*		4.3 STREET ADDRESS	
CITY-ST-ZIP	*Longwood Fl. 32779*		4.4 CITY-ST-ZIP	
TITLE	*VP*	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	*Teresa Cohen*		5.2 NAME	
STREET ADDRESS	*108 Heron Bay Circle*		5.3 STREET ADDRESS	
CITY-ST-ZIP	*Lake Mary Fl 32746*		5.4 CITY-ST-ZIP	
TITLE	*VP*	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	*Walter Somerville*		6.2 NAME	
STREET ADDRESS	*405 S. Country Club*		6.3 STREET ADDRESS	
CITY-ST-ZIP	*Lake Mary Fl 32746*		6.4 CITY-ST-ZIP	

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: *Ben Coh*   *4-27-98   407 322-2511*

CR2E034 (10/97)