

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 199515**

1. Corporation Name  
**THE AMERICAN GOLFER'S CLUB, INC.**

Principal Place of Business: **C/O CONTROLLER, 3801 BAYVIEW DR., FT. LAUDERDALE, FL 33308**  
Mailing Address: **C/O CONTROLLER, 3801 BAYVIEW DR., FT. LAUDERDALE, FL 33308**

**600001841626**  
-05/28/96--01068--023  
\*\*\*200.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>1/04/1957</b>	3a. Date of Last Report <b>5/1/95</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0789874</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
<b>MATTHEW S. MCDONALD</b> <b>3801 BAYVIEW DRIVE</b> <b>FT. LAUDERDALE, FL 33308</b>		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: *Matthew S. McDonald* DATE: **5-20-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R.T.	12. NAME	
STREET ADDRESS	3801 BAYVIEW DRIVE	13. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	14. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R.L.	22. NAME	
STREET ADDRESS	10 BELLECLAIR PL	23. STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR, N.J.	24. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R.T. JR.	32. NAME	
STREET ADDRESS	705 FOREST AVE	33. STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA.	34. CITY-ST-ZIP	
TITLE	S. <input checked="" type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLAHAN, J. F.	42. NAME	<b>S. MCDONALD, MATTHEW S.</b>
STREET ADDRESS	3801 BAYVIEW DR.	43. STREET ADDRESS	<b>3801 BAYVIEW DR.</b>
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	44. CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: *Matthew S. McDonald* DATE: **5-10-96** (954) 564-1271

CR2E034 (12/95)