PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 319463

BOCA RATON YACHT AND TENNIS LIQUIDATION CORP.

Principal Place of Business	Mailing Address	
399 N.W. 2ND AVENUE BOCA RATON FL 33432	399 N.W. 2ND AVENUE BOCA RATON FL 33432	

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90082 040 ***150.00

T KARTEN ATARA 1500 DALTA BARTA DALDA HATA BYRATA BARTA BARTA BARTA DALBAT DALBAT DALBAT DALBAT DALBAT DALBAT DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/07/1967 4 FEI Number Applied For 2. Principal Place of Business Mailing Address 36-6196421 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip This corporation owes the current year Intangible □ No 25 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHMIDT, RICHARD L 82 Street Address (P.O. Box Number is Not Acceptable) 399 N.W. 2ND AVENUE **BOCA RATON FL 33432** 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition □ DFLETE PSD 11 TITLE TITLE SCHMIDT, RICHARD L NAME 399 N.W. SECOND AVENUE 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 14 CITY - ST - ZIP Addition Change ☐ DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-71P CITY ST-ZIP ☐ Addition Change □ DELETE 3 1 7171 5 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6 1 TITLE Change □ DELETE TITLE 62 NAME

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

3-15-59 51397717

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