


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730191 (4)

1. Corporation Name
RACQUET CLUB ESTATES, INC



Principal Place of Business BOX 560423 MIAMI FL 33256-7423	Mailing Address BOX 560423 MIAMI FL 33256-7423
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3. Date Incorporated or Qualified
07/12/1974

4. FEI Number
59-1885218

Applied For	
Not Applicable	

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	29

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

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

**CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T D
NAME	PALMER, ALFRED	1.2 NAME	Abolila, Anthony
STREET ADDRESS	8520 SW 94TH ST	1.3 STREET ADDRESS	8540 SW 94 St
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	2.1 TITLE	D
NAME	STAHL, JACK	2.2 NAME	Stahl, Jack
STREET ADDRESS	8610 S W 94TH ST	2.3 STREET ADDRESS	8610 SW 94 St
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33156
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	3.1 TITLE	V D
NAME	CONNEL, JIM.	3.2 NAME	Connell, Jim
STREET ADDRESS	8630 S.W. 94TH ST.	3.3 STREET ADDRESS	8630 SW 94 St
CITY-ST-ZIP	MIAMI, FL	3.4 CITY-ST-ZIP	Miami, FL 33156
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	4.1 TITLE	P D
NAME	BONNER, BARBARA	4.2 NAME	Bonner, Barbara
STREET ADDRESS	8530 SW 94TH ST	4.3 STREET ADDRESS	8530 SW 94 St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33156
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	S D
NAME	FRANK, MERLE	5.2 NAME	Frank, Merle
STREET ADDRESS	8636 S W 94TH ST	5.3 STREET ADDRESS	8636 SW 94 St
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33156
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	D
NAME		6.2 NAME	McKeon, Ellen
STREET ADDRESS		6.3 STREET ADDRESS	8616 SW 94 St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33156
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE: _____ **4/21/98 (305) 274-6643**

CFR2037 (10/97)