

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **760677** (5)
1. Corporation Name
ADIOS GOLF CLUB, INC.



Principal Place of Business: 7740 N.W. 39TH AVE., COCONUT CREEK, FL PO BOX 8568 DEERFIELD BEACH FL 33443-8568
Mailing Address: 7740 N.W. 39TH AVE., COCONUT CREEK, FL PO BOX 8568 DEERFIELD BEACH FL 33443-8568

3. Date Incorporated or Qualified: 11/13/1981
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 0310
22 Suite, Apt. #, etc.: 27
23 City & State: 28 Coconut Creek, Fl.
24 Zip: 25 Country: 29 33097 30 Broward

4. FEI Number: 59-2195728
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

LEONARD, WILLIAM F.
4875 N. FEDERAL HWY. 10TH FLOOR
FT. LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLAGH, JACK	1.2 NAME	Edward B. Stephens
STREET ADDRESS	4021 N.E. 25TH AVE.	1.3 STREET ADDRESS	2600 N.E. 40th St.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, Fl. 33308
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HENRY	2.2 NAME	Joseph Russo
STREET ADDRESS	2455 S. OCEAN BLVD.	2.3 STREET ADDRESS	1220 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BCH. FL	2.4 CITY-ST-ZIP	Manalapan, Fl 33462
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERLER, RAYMOND	3.2 NAME	Mario Formichella
STREET ADDRESS	6923 WOODWALK DRIVE	3.3 STREET ADDRESS	2000 S. Ocean Blvd. #11A
CITY-ST-ZIP	BRECKSVILLE OH	3.4 CITY-ST-ZIP	Boca Raton, Fl. 33432
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, DARRIS	4.2 NAME	Thomas Newman
STREET ADDRESS	SHACOH USA-P.O.#95 3144 MARTIN RD.	4.3 STREET ADDRESS	201 S.E. 24th Avenue
CITY-ST-ZIP	WALLED LAKE MI 48390	4.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800001765188
STREET ADDRESS		6.3 STREET ADDRESS	-04/01/96--01108--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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

SIGNATURE: *Edward B Stephens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 954-429-0990
Date Daytime Phone #

CR2E037 (12/95)