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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760677

1. Corporation Name
ADIOS GOLF CLUB, INC.

Principal Place of Business
7740 NW 39TH AVE
PO BOX 8568
COCONUT CREEK FL 33073
US

Mailing Address
P.O. BOX 0310
COCONUT CREEK FL 33097



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2195728	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STEPHENS, EDWARD B 2600 N.E. 40TH STREET FT. LAUDERDALE FL 33308	1.1 TITLE	PD Mc Cord, Darris 5740 Bayshore Dr. Ft. Lauderdale, FL 33308
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD NEWMAN, THOMAS 201 SE 24TH AVE POMPANO BEACH FL 33062	2.1 TITLE	VPD Giorgio, Anthony 7114 Via Firenze Boca Raton, FL 33433
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD FORMICHELLA, MARIO 2000 S. OCEAN BLVD., #11A BOCA RATON FL 33432	3.1 TITLE	TD Giorgio, Anthony 7114 Via Firenze Boca Raton, FL 33433
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD TUCCILLO, ANTHONY 4301 N OCEAN BLVD., #201 BOCA RATON FL 33431	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: 1-4-99 DAYTIME PHONE #: 1-954-429-0990

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CR2E037 (11/98)