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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H19097** (5)
1. Corporation Name
YACHT CLUB SOUTHEASTERN, INC.

Principal Place of Business: **11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161**
Mailing Address: **11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161-7489**

3. Date Incorporated or Qualified 08/31/1984	3a. Date of Last Report 07/18/1996
4. FEI Number 59-1979200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent
**BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	300002183929--6 -05/19/97--01180--005
84 City	***173.75 FL ***173.75

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BEDZOW, CHARLES	
STREET ADDRESS	11098 BISCAYNE BLVD #402	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BEDZOW, SARA	
STREET ADDRESS	11098 BISCAYNE BLVD #402	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HOWARD	
STREET ADDRESS	11098 BISCAYNE BLVD #402	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HOWARD	
STREET ADDRESS	11098 BISCAYNE BLVD #402	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLANCO, CAMILO	
STREET ADDRESS	11098 BISCAYNE BLVD SUITE 402	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

De Alan
5/15/97

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/15/97** DAYTIME PHONE: **305/8917987**

CR2E034 (9/96)