

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L12442** (4)  
1. Corporation Name  
**THE RETREAT COMPANY**



Principal Place of Business  
**G/O WILLIAM D. HORVITZ  
ONE EAST BROWARD BLVD., #1101  
FT. LAUDERDALE FL 33301**

Mailing Address  
**G/O WILLIAM D. HORVITZ  
ONE EAST BROWARD BLVD., #1101  
FT. LAUDERDALE FL 33301-1842**

3. Date Incorporated or Qualified **08/30/1989** 3a. Date of Last Report **03/07/1996**

4. FEI Number **65-0142278** 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

2. Principal Place of Business

21. Suffix  22. Suffix #

23. City & State **LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301**

24. Zip 25. Country 26. Mailing Address 27. City & State 28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**PASTERNAK, MARSHALL R.  
1221 BRICKELL AVE.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name **HORVITZ WILLIAM D**

82. Street Address (Please Print) **LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301**

83. City 84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *[Signature]* (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | DPST                        | <input type="checkbox"/> DELETE |
| NAME           | HORVITZ, WILLIAM D.         |                                 |
| STREET ADDRESS | 1 EAST BROWARD BLVD         |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |                                 |
| TITLE          | V                           | <input type="checkbox"/> DELETE |
| NAME           | HORVITZ, DAVID W.           |                                 |
| STREET ADDRESS | 1 E BROWARD BLVD, #1101     |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |                                 |
| TITLE          | V                           | <input type="checkbox"/> DELETE |
| NAME           | LUKE, DOUGLAS S             |                                 |
| STREET ADDRESS | 1 EAST BROWARD BLVD., #1101 |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33301     |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| 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           | <b>LAS OLAS CENTRE</b>  |
| 1.3 STREET ADDRESS | <b>450 EAST LAS OLAS BOULEVARD, #900<br/>FORT LAUDERDALE, FLORIDA 33301</b> |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| 2.2 NAME           | <b>LAS OLAS CENTRE</b>  |
| 2.3 STREET ADDRESS | <b>450 EAST LAS OLAS BOULEVARD, #900<br/>FORT LAUDERDALE, FLORIDA 33301</b> |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| 3.2 NAME           | <b>LAS OLAS CENTRE</b>  |
| 3.3 STREET ADDRESS | <b>450 EAST LAS OLAS BOULEVARD, #900<br/>FORT LAUDERDALE, FLORIDA 33301</b> |
| 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    |   |

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 *[Signature]*

CR2E034 (9/96)