## Fig. Filing FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000037738**

1. Corporation Name

COUNTRY CLUB OF MIAMI & ASSOCIATES, INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90095 016 \*\*\*150.00

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Principal Place	e of Business	Mailing A	Address				1 (00)(80) (10			:::::::::::::::::::::::::::::::::::::::	<b>98</b> 111 <b>4</b> 5 1 <b>9</b> 11 1881	
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Zip	Country	Zip	Ţ	Cou	intry		8. This corporation			ngible ∐Yes	□No	
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	9. Name and Address of Current	Registered	Agent		81	Name	10. Name and Au	niess of New Ket	Jistered A	Aaur		┪
HELL	LMAN, MAYNARD J				"	Itamo		,				_
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	VAL GABLES FL 33134						·					$\dashv$
CON	VAL CABLES I E 00104				83							
	·				84	City				85 Zip	Code	1
					$\Box$ 1				<u>FĻ</u>			4
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	2 and 607.150	08, Florida Statute	s, the a	bove	-named co	orporation submits this station's board of directors.	atement for the pu . I hereby accept t	irpose of c he appoint	hanging it tment as r	s registerea egistered	- (
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agent. I a	Signature, typed or printed name of registered agent	and title if applica	ble. (NOTE:	Registered			uired when reinstating)		DATE	<del>.</del>		
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SIGNATURE	Signature, typed or printed name of regulated agents OFFICERS AND	and title if applica	ble. (NOTE:	Registered	l Agent		uired when reinstating)		DATE	<del>.</del>	ORS IN 12	74400
SIGNATURE	Signature, typed or printed name of regulated agents OFFICERS AND D HELLMAN, MAYNARD J	and title if applica	ble. (NOTE:	Registered	Agent		uired when reinstating)		DATE	DIRECT	ORS IN 12	2 (44,00)
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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 of 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 active so, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

CHRED