

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000091780 (4)**

1. Corporation Name
UNIVERSITY CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business: P O BOX ~~14047~~ 140147 CORAL GABLES FL 33114-0147 US
Mailing Address: P O BOX ~~14047~~ 140147 CORAL GABLES FL 33114-0147 US

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 P o Box 140147 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

4. FEI Number: 65-0578410 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
**ROSS, TIMOTHY W
2900 S.W. 28TH TERRACE
MIAMI FL 33133**

10. Name and Address of New Registered Agent
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 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, TIMOTHY W	
STREET ADDRESS	2900 S.W. 28TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, NATHAN	
STREET ADDRESS	201 WEST FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, DEAN R JR	
STREET ADDRESS	1101 BRICKELL AVE FLR 15	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BATTLE, TIMOTHY A	
STREET ADDRESS	7850 NW 146TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GLOWACKI, ROBERT J	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAC INNES, DENNIS M.	
STREET ADDRESS	6363 NW 6TH WAY #400	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2 Alhambra Plaza	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KURTZ, BROOKS E.	
4.3 STREET ADDRESS	1550 Madruga Avenue #319	
4.4 CITY-ST-ZIP	Coral Gables, FL 33146	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAC INNES, DENNIS M.	
5.3 STREET ADDRESS	6363 NW 6TH WAY #400	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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 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 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]* DATE: 4/29/96 DAYTIME PHONE #: 305 4412470

CR2E034 (12/95)