

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091780 (4)
1. Corporation Name
UNIVERSITY CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business P O BOX 14047 CORAL GABLES FL 33114-0147 US	Mailing Address PO BOX 140147 CORAL GABLES FL 33114-0147 US
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3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 State, Apt. #, etc. PO BOX 140147 22 City & State CORAL GABLES, FL 23 Zip 33114-0147 25 Country Dade	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Dade 30 Country Dade
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4. FEI Number 65-0578410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE P	NAME ROSS, TIMOTHY W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2900 S.W. 28TH TERRACE	CITY- ST- ZIP MIAMI FL	
TITLE V	NAME MILLER, DEAN R JR	<input type="checkbox"/> DELETE
STREET ADDRESS 2 ALHAMBRA PLAZA	CITY- ST- ZIP CORAL GABLES FL	
TITLE S	NAME KURTZ, BROOKS E.	<input type="checkbox"/> DELETE
STREET ADDRESS 1550 MADRUGA AVE #319	CITY- ST- ZIP CORAL GABLES FL	
TITLE T	NAME MACINNES, DENNIS M	<input type="checkbox"/> DELETE
STREET ADDRESS 6363 NW 6TH WAY #400	CITY- ST- ZIP FT LAUDERDALE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	
2.1 TITLE	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	
3.1 TITLE	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	
4.1 TITLE	4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: E. Brooks Kurtz DATE: 4/14/97 DAYTIME PHONE: 305-665-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)