

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000066939 (6)

1. Corporation Name

S&K COUNTRY CLUB REALTY, INC.



Principal Place of Business: 1000 CLINT MOORE RD., STE. 110 BOCA RATON FL 33487
 Mailing Address: 1000 CLINT MOORE RD., STE. 110 BOCA RATON FL 33487

3. Date Incorporated or Qualified: 08/29/1995
 3a. Date of Last Report: [Blank]
 4. FEI Number: [Blank] 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 [Blank] Suite, Apt. #, etc. [Blank] 22 City & State: 23 [Blank] Zip: 24 [Blank] Country: 25 [Blank]
 2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc. [Blank] 27 City & State: 28 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name: [Blank]
 82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83 [Blank]
 84 City: [Blank] FL 85 Zip Code: [Blank]

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, typed or printed name of registered agent

(If FEI Registered Agent signature required when constituting

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ENDELSON, KENNETH M	
STREET ADDRESS	1000 CLINT MOORE RD., STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	1000 CLINT MOORE RD., STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		

1. TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	SWARTZ, LORNA	
13. STREET ADDRESS	4150 WYCLIFFE COUNTRY CLUB BLVD	
14. CITY-ST-ZIP	LAKE WORTH, FL	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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 PM 5-1-96

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 my address.

SIGNATURE: *Kenneth M. Endelson* KENNETH M. ENDELSON #1214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8-1-96
 Telephone: 407-997-5920

CR2E034 (12/95)