

**\* 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

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DOCUMENT # **V52748** (3)

1. Corporation Name  
**NEWGEN GOLF COURSE, INC.**



Principal Place of Business: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**  
Mailing Address: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **07/22/1992**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **65-0346293**  
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 **19146 Lyons Road**  
Suite, Apt. #, etc.  
22 City & State: **Boca Raton, FL 33434**  
23 Zip: **33434** Country: **FL**  
24  
25  
26 **19146 Lyons Road**  
Suite, Apt. #, etc.  
27 City & State: **Boca Raton, FL 33434**  
28 Zip: **33434** Country: **FL**  
29  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JAVEN, JACK**  
**100 CENTURY BLVD.**  
**WEST PALM BEACH FL 33417**

81 Name: **19146 Lyons Road**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **Boca Raton,** FL 85 Zip Code: **33434**

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>LEVY, H. IRWIN</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>DP</b>	
NAME	<b>RUBIN, MICHAEL S.</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>DVTS</b>	
NAME	<b>JAVEN, JACK</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>V</b>	
NAME	<b>RICH, MICHAEL A.</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	
NAME	<b>GEDDES, JAMES A</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	
NAME	<b>COHEN, HAROLD</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>19146 Lyons Road</b>		
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>19146 Lyons Road</b>		
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>		
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	<b>19146 Lyons Road</b>		
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>		
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	<b>19146 Lyons Road</b>		
5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	<b>19146 Lyons Road</b>		
6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>		

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: **Jack Jaiven, Vice Pres.** 03/22/96 (407) 487-9630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:the Phone #

CR2E034 (12/95)

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NewCen Golf Course, Inc.  
additions to Corporation Annual Report - 1996  
Document #V52748

V  
Gleeson, Antoinette  
19146 Lyons Road  
Boca Raton, FL 33434