

*** 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

1-2

DOCUMENT # **V52748** (3)

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

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

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

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Gleeson, Antoinette
19146 Lyons Road
Boca Raton, FL 33434