

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V52748 (3)**  
 1. Corporation Name  
**NEWCEN GOLF COURSE, INC.**



Principal Place of Business 19146 LYONS ROAD BOCA RATON FL 33434 US	Mailing Address 19146 LYONS RD BOCA RATON FL 33434 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0346293</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAIVEN, JACK 19146 LYONS ROAD BOCA RATON FL 33434				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
		85	Zip Code	<b>FL</b>	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, H. IRWIN			1.2 NAME			
STREET ADDRESS	100 CENTURY BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, MICHAEL S.			2.2 NAME			
STREET ADDRESS	19146 LYONS RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	DVTS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIVEN, JACK			3.2 NAME			
STREET ADDRESS	19146 LYONS RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, MICHAEL A.			4.2 NAME			
STREET ADDRESS	19146 LYONS RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEDDES, JAMES A			5.2 NAME			
STREET ADDRESS	19146 LYONS RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, HAROLD			6.2 NAME			
STREET ADDRESS	191146 LYONS RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP			

14. I 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: *Jack Jaiven* Jack Jaiven, Director 3/15/98 (561) 407-0000

CR2E034 (10/97)

ADDITIONAL OFFICERS AND DIRECTORS  
NEWCEN GOLF COURSE, INC.  
DOCUMENT #V52748  
1998

D

Halperin, Maurice  
100 Century Blvd.  
West Palm Beach, FL 33417

D

Halperin, Barry  
100 Century Blvd.  
West Palm Beach, FL 33417

V

Gleeson, Antoinette  
19146 Lyons Road  
Boca Raton, FL 33434