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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 184110 (5)

1. Corporation Name
COVE BEACH CLUB, INC.



Principal Place of Business: 500 SOUTH OCEAN WAY DEERFIELD BEACH FL 33441
Mailing Address: 500 SOUTH OCEAN WAY DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 03/24/1955
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-0794493
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: GLOVER, C. W. 500 SOUTH OCEAN WAY APT. 308 DEERFIELD BEACH FL 33441
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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 X [Signature] DATE X [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	GLOVER, C. W. 500 S. OCEAN WAY, APT. 308 DEERFIELD BEACH FL	1.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DENOIA, TOM J. 3297 CHURCHILL DRIVE TOMS RIVER NJ	2.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	DOHERTY, EDWARD C. 500 S. OCEAN WAY, VILLA 2 DEERFIELD BEACH FL	3.1 TITLE: <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	HUMPHREY, DONALD J. 500 SO OCEAN WAY, APT 802 DEERFIELD BEACH FL	4.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	HOPFER, HEINZ 500 S. OCEAN WAY, APT. 412 DEERFIELD BEACH FL	5.1 TITLE: <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GLOVER, C. W.
DATE: X [Date] DATE: 954.721.9044

CR2E034 (12/95)