

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

PROFIT REINSTATEMENT 1997



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 OCT 30 PM 12:50

WLC
 10/31

DOCUMENT # 184110 (5)
 1. Corporation Name

COVE BEACH CLUB, INC.

Principal Place of Business Mailing Address
 500 South Ocean Way 500 South Ocean Way
 Deerfield Beach, FL 33441 Deerfield Beach, FL 33441

3. Date Incorporated or Qualified 03/24/1955
 3a. Date of Last Report 05/01/1996
 4. FEI Number 59-0794493 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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 **Matthew Zifrony**
 82 Street Address (P.O. Box Number is Not Acceptable) **110 Tower - 110 S.E. 6th Street**
 83 **15th Floor**
 84 City **Ft. Lauderdale,** FL 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporal on 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]* **Matthew Zifrony** 10/21/97
 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	P	<input checked="" type="checkbox"/> DELETE
NAME	Glover, C.W.	
STREET ADDRESS	500 S. Ocean Way, Apt. 308	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Denola, Tom J	
STREET ADDRESS	3297 Churchill Drive	
CITY-ST-ZIP	Toms River NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Harris, John	
STREET ADDRESS	500 S. Ocean Way	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Humphrey, Donald J.	
STREET ADDRESS	500 S. Ocean Way, Apt. 802	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	Scilleppi, Victor	
STREET ADDRESS	500 S. Ocean Way	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vallery, Martha	
1.3 STREET ADDRESS	500 S. Ocean Way, Apt. 801	
1.4 CITY-ST-ZIP	Deerfield Beach FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laudante, Sal	
2.3 STREET ADDRESS	500 S. Ocean Way, Apt. 306	
2.4 CITY-ST-ZIP	Deerfield Beach FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	400002336364--7	
3.4 CITY-ST-ZIP	-11/03/97--01100--021	
	****750.00 ****750.00	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scilleppi, Victor	
4.3 STREET ADDRESS	500 S. Ocean Way, Apt. 503	
4.4 CITY-ST-ZIP	Deerfield Beach FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Disch, George	
5.3 STREET ADDRESS	500 S. Ocean Way, Apt. 506	
5.4 CITY-ST-ZIP	Deerfield Beach FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* **MARTHA VALLERY** 10-22-97 954 428-7299
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)