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

LR 10/31

DOCUMENT # 184110 (5)

1. Corporation Name

COVE BEACH CLUB, INC.

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

3. Date Incorporated or Qualified: 03/24/1955
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

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 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: _____ 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Glover, C.W. 500 S. Ocean Way, Apt. 308 Deerfield Beach FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Vallery, Martha 500 S. Ocean Way, Apt. 801 Deerfield Beach FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Denoia, Tom J 3297 Churchill Drive Toms River NJ	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Laudante, Sal 500 S. Ocean Way, Apt. 306 Deerfield Beach FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Harris, John 500 S. Ocean Way Deerfield Beach FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	400002336364--7 -110/03/97--01100--021 ****750.00 ****750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Humphrey, Donald J. 500 S. Ocean Way, Apt. 802 Deerfield Beach FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Scileppi, Victor 500 S. Ocean Way, Apt. 503 Deerfield Beach FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Scileppi, Victor 500 S. Ocean Way Deerfield Beach FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Disch, George 500 S. Ocean Way, Apt. 506 Deerfield Beach FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Martha Vallery [MARTHA VALLERY] 10-22-97 954 428-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #