FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199515 (8)

1. Corporation Name

THE AMERICAN GOLFER'S CLUB INC.

Principal Place of Business	Mailing Address
C/O CONTROLLER P O BOX 23859 FT LAUDERDALE FL 33307	C/O CONTROLLER P O BOX 23859 FT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1957
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3801 BAYVIEW DRIVE
22: Suite, Apt. #, etc.
23: City & State: FORT LAUDERDALE, FL
24: Zip: 33308
25: Country: U.S.A.

2a. Mailing Address: C/O CONTROLLER
26: 3801 BAYVIEW DRIVE
27: Suite, Apt. #, etc.
28: City & State: FORT LAUDERDALE, FL
29: Zip: 33308
30: Country: U.S.A.

4. FEI Number: 59-0789877 ☐ 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

MORRISON, R.W.
4875 N FEDERAL HWY
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JONES, R.T.	12 NAME	
STREET ADDRESS	3801 BAYVIEW DRIVE	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33308	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JONES, R.L.	22 NAME	
STREET ADDRESS	10 BELLECLAIR PL	23 STREET ADDRESS	
CITY ST ZIP	MONTCLAIR NJ	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	JONES, R.T., JR.	32 NAME	
STREET ADDRESS	705 FOREST AVE	33 STREET ADDRESS	
CITY ST ZIP	PALO ALTO CA	34 CITY ST ZIP	
TITLE	S	41 TITLE	SECRETARY S ☒ Change ☐ Addition
NAME	WILLIAMS, MARC	42 NAME	JOHN F. COOLAHAN
STREET ADDRESS	3801 BAYVIEW DRT.	43 STREET ADDRESS	3801 BAYVIEW DANE
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	FORT LAUDERDALE, FL 33308
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 addition.

SIGNATURE: John F. Coolahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-95
Date

(305)564-1271
(Daytime Phone #)

0240789 CP