

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **391904** (0)
1. Corporation Name
THE SURF CLUB APARTMENTS, INC.



Principal Place of Business: **9133 COLLINS AVE. SURFSIDE FL 33154**
Mailing Address: **9133 COLLINS AVE. SURFSIDE FL 33154**

3. Date Incorporated or Qualified: **11/29/1971**
3a. Date of Last Report: **07/27/1995**
4. FEI Number: **59-1389977**
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: 21 Suite, Apt. #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**HAUSER, MARC
111 KANE CONCOURSE
SUITE 616
BAL HARBOUR ISLAND FL 33154**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0272 and 607.1509, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BULLOCK, MARTHA	
STREET ADDRESS	9133 COLLINS AVE #4-E	
CITY-ST-ZIP	SURFSIDE, F 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CROMARTY, JIM	
STREET ADDRESS	9133 COLLINS AVE #2-E	
CITY-ST-ZIP	SURFSIDE, F 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROOKS, NETSY	
STREET ADDRESS	9133 COLLINS AVE 4-F	
CITY-ST-ZIP	SURFSIDE, F 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILKERSON, LARRY	
STREET ADDRESS	9133 COLLINS AVE #1D	
CITY-ST-ZIP	SURFSIDE, F 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, VALERIE	
STREET ADDRESS	9133 COLLINS AVE #1-A	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SECRETARY	
3. STREET ADDRESS	Ms. Sue Gella #	
4. CITY-ST-ZIP	9133 COLLINS AVE. SURFSIDE, FL. 33154	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	VICE PRESIDENT	
11. STREET ADDRESS	LARRY WILKERSON	
12. CITY-ST-ZIP	9133 COLLINS AVE. SURFSIDE, FL. 33154	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(b), 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) Lawrence S. Dismeyer** 7/14/96 Vice President

CR2E034 (12/95)