COF	PROFIT RPORATION JAL REPORT	ING FEE AF	Sandra	ARTMENT OF STATE B. Mortham etary of State	7	LED 98 8:00am
	1998		77	F CORPORATIONS	Secretar	ry of State
DOCU 1. Corporatio	MENT #	454703 . INC.	(0)			
Principal Plac	e of Business		Mailing Address			
	Yacht Club D	Prive	21205 Yacht Cl	ub Drive		
#705 #705					DO NOT WRITE IN THIS SPACE	
Aventura, Florida 33180 Aventura, Florida 33180					3. Date Incorporated or Qualified 06/13/1974	
	lace of Business	· / INC	2a. Mailing Address	HT CLUB DR.	4. FEI Number	Applied For
21 Suite, Apt	S YACHT C	LUB PK	26 21205 /AC Suite, Apt. #, etc.	APS CLUIS UNI	59-1649288	Not Applicable  \$8.75 Additional
22	705		27	/05	5. Certificate of Status Desired	\$8./5 Additional Fee Required
City & State	LENTURA,	FLI	City & State	IRA, FLI	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
— <sup>Zip</sup> つっ	/1/7 I	ountry	Zip	Country	8. This corporation owes or has p	aid the current year Intangible
24 3 >1	- 23	DADE	29 32/05 Registered Agent	30 DADE	Personal Property Tax due Jun  10. Name and Address of New R	
1.0	ORD, SANFORD N		iogiotorou Agorit	81 Name	100 (100)	9300000
	205 Yacht C		_	82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)
#7	705	1	$\leftarrow$		RESS CHANGE	
A	ventura, Flor	ida 33180 🚆				
				84 City		FL 85 Zip Code
SIGNATURE		d name of registered agent a	nd title if applicable. (N	OTE: Registered Agent signature requir		DATE
12.	PD	OFFICERS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	LORD, SANFI			1.2 NAME	- ADDRESS	46
STREET ADDRESS	21205 Yac	cht Club <u>Drive</u> Florida 3318	#705	1.3 STREET ADDRESS	7156-1 -	CERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE	VP Aventura.	, Florida 3316	O	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LORD, MICHE	LE R		2.2 NAME		
STREET ADDRESS	2025 BROAD			2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK N	17	DELETE-	2. 4 City-St-ZiP 3.1 Title		Change Addition
NAME	STD LORD, MARIL	YN R.		3.2 NAME	- ADDRESS	At outline - vigitibit
STREET ADDRESS	3600 MYSTIC	POINTE DRIVE	•	3.3 STREET ADDRESS	Magica	
CITY-ST-ZIP	NO. MIAMI BI	EACH FL 33180	☐ DELETE	3.4. CITY-ST-ZIP		Channe
NAME .			- Derese	4.1 TITLE 4.2 NAME		L Change L Addition
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE NAME			L_I DELETE	5.1 TITLE 5.2 NAME		Change    Addition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 City-St-Zip		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAME STEET ADDRESS				6.2 NAME		
CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
	certify that the inform	mation supplied with	this filing does not qualify		Section 119.07(3)(i), Florida Statutes. e shall have the same legal effect as ired by Chapter 607, Florida Statutes;	further certify that the information
officer or of Block 12 c	director of the corp	oration or the received	er or trustee empowered t gent with an address.	o execute this report as requ	ired by Chapter 607, Florida Statutes;	and that my name appears in
	^ 4	Bolod MIX	NO DEALIFA	RD:M. LORD	1/3/97	305-931/231
SIGNAT	UME:	YVICE	INTER NAME OF SIGNING OFFICE			Dayline Phone # 0040447