

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **564516** (3)
1. Corporation Name
COUNTRY CLUB OF MIAMI REALTY, INC.

Principal Place of Business 9700 SO. DIXIE HWY., #570 MIAMI FL 33156	Mailing Address 9700 SO. DIXIE HWY., #570 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1977	
4. FEI Number 59-1806448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent BAILEY, HUNT, JONES, & BUSTO, P.A. 501 BRICKELL KEY DR 300 COURVOISIER CENTRE MIAMI FL 33131-9608	
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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	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, GUY B	1.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	ASD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, MARY A	2.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCOLM, VI K	3.2 NAME	AS
STREET ADDRESS	9700 SO. DIXIE HWY., #570	3.3 STREET ADDRESS	COLONNA, DAVID W.
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	9700 SO. DIXIE HWY., #570
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JOHN R	4.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, PATRICIA E.	5.2 NAME	D S
STREET ADDRESS	9700 SO. DIXIE HWY., #570	5.3 STREET ADDRESS	BAILEY, PATRICIA E.
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	9700 SO. DIXIE HWY., #570
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, E. VOSE, III	6.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	

14. I 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:  John R. Bailey, V.P. 1/5/98 (305)670-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0220623

CR2E034 (10/97)