

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 # 663778 (9)

1. Corporation Name

THE SEVENTEENTH GREEN, INC.



Principal Place of Business

2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019

2. Principal Place of Business

21 1101 Brickell Ave.

Suite, Apt. #, etc.

22 Suite 1400

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1101 Brickell Ave.

Suite, Apt. #, etc.

27 Suite 1400

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

KATZ, MARTIN J.
2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019

3. Date Incorporated or Qualified
01/16/1980

3a. Date of Last Report
07/10/1995

4. FEI Number

59-1968616

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

10. Name and Address of New Registered Agent

81 Name

Irwin M. Frost

82 Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Avenue

83

Suite 1400

84 City

Miami

FL

85 Zip Code

33131

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

[Signature]

Signature, typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, MARTIN J.	
STREET ADDRESS	2501 S. OCEAN DRIVE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WALSEY, CHARLES	
STREET ADDRESS	2501 S. OCEAN DR.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMAN, EDWARD	
STREET ADDRESS	2501 S. OCEAN DR.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>[Signature]</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES WALSEY

3/20/96

56-4-73-96

CR2E034 (12/95)