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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701503 (5)

1. Corporation Name
ROYAL PALM TENNIS CLUB, INC.



Principal Place of Business 7001 S.W. 98TH STREET MIAMI FL 33156	Mailing Address 7001 S.W. 98TH STREET MIAMI FL 33156-3048
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3. Date Incorporated or Qualified 10/05/1960	3a. Date of Last Report 03/20/1996
4. FEI Number 59-0937231	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**HERRON, JAMES M.
 2891 SEMINOLE ST
 COCONUT GROVE FL 33133**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/12/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BOLOTIN, IRVING
STREET ADDRESS	7391 SW 130 ST
CITY - ST - ZIP	MIAMI FL 33156
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	KUNIANSKY, MAX
STREET ADDRESS	10200 SW 129TH ST.,
CITY - ST - ZIP	MIAMI FL 33176
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WELLS, CHRISTINA
STREET ADDRESS	7340 SW 77TH CT.
CITY - ST - ZIP	MIAMI FL 33143
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RECHTIEN, RICHARD
STREET ADDRESS	10895 S.W. 69TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERRON, JAMES M
STREET ADDRESS	3600 NW 82ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KUNIANSKY, MAX
1.3 STREET ADDRESS	10200 SW 129th Street
1.4 CITY - ST - ZIP	Miami, FL 33176
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CREWS, PEGGY
2.3 STREET ADDRESS	6385 SW 110th Street
2.4 CITY - ST - ZIP	Miami, FL 33156
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FULLER, SALLY
3.3 STREET ADDRESS	5441 SW 70 Place North
3.4 CITY - ST - ZIP	Miami, FL 33155
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TIKTIN, STEVEN
4.3 STREET ADDRESS	6950 SW 98th Street
4.4 CITY - ST - ZIP	Miami, FL 33156
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WRIGHT, ROBERT L.
5.3 STREET ADDRESS	5898 SW 96th Street
5.4 CITY - ST - ZIP	Miami, FL 33156

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-25-97** DAYTIME PHONE # **(905) 233-7790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)