


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # **714769** (7)
1. Corporation Name
THE GULF STREAM YACHT CLUB

Principal Place of Business 770 NE 37TH ST. BOCA RATON FL 33431	Mailing Address 770 NE 37TH ST. BOCA RATON FL 33431-6142
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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		3. Date Incorporated or Qualified 06/13/1968	3a. Date of Last Report 04/23/1996
				4. FEI Number 59-1002366	Applied For Not Applicable
				5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIMMEN, JACQUELINE
770 NE 37TH ST.
BOCA RATON FL 33431**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 11, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	VCD
NAME	CHARLES CARMAN	1.2 NAME	William Kirkland
STREET ADDRESS	958 FERN DRIVE	1.3 STREET ADDRESS	854 Lilac Drive
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	VD	2.1 TITLE	VD
NAME	WILLIAM KIRKLAND	2.2 NAME	Joseph Krawiec
STREET ADDRESS	854 LILAC DRIVE	2.3 STREET ADDRESS	220 Mac Farlane Drive
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	SD	3.1 TITLE	
NAME	KIMMEN, JACQUELINE	3.2 NAME	
STREET ADDRESS	770 NE 37TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD Michael Munro
NAME	JOSEPH KRAWIEC	4.2 NAME	750 N.E. 69th Street
STREET ADDRESS	200 MACFARLANE DRIVE	4.3 STREET ADDRESS	Boca Raton, FL
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	FRITTS, ADDISON D	5.2 NAME	
STREET ADDRESS	3411 SPANISH TRAIL C417	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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] Jacqueline Kimmen 4/6/97 (561) 305-0700

CP2E037 (9/96)