FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #

GREATER MIAMI SHELL CLUB INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

1955 IXORA RD NORTH MIONI FLA

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90078 035 ****61.25

331	81		35/8	• /					
2. Principal Place of Business		- ⊢	2a. Mailing Address			3. Date Incorporated or Qualifed $3-19-1970$			
Suite, Apt	. #, etc.		pt. #, etc.			4. FEI Number	Apr	plied For	
22		27	27			23-7/28367	Not	t Applicable	
			& State			Z O STATE A CONTROL Desired	\$8.75 A	dditional	
23 28						5Certifcate_of.Status_Desired[_]	Fee Re	Fee Required	
Zip 24	Country Zip 25 29 3			Country 30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MARGIE PHILLIPS 2193 M. G. 125 ST. NORTH MIAMI YLA					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code				
	3318/			84	City	•	FL S Z F	,,,,,,	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such ations of, Section	change was auti 617.0503, Florid	horized by la Statule:	r the corporations.	oration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its of appointment as reg	jistered	
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	Δ		☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS				1	ET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI PLA			1.4 CITY-5	ST-ZIP		Change	Addition	
NAME STREET ADDRESS			☐ DELETE		ET ADDRESS		. Criange		
CITY-ST-ZIP	NORTH MIAMI FLA	1 33181	- DELETE	2.4 CITY-	ST-ZIP		[□] Change	☐ Addition	
.TITLE	7		DELETE	3.1 TITLE	<u> </u>				
NAME STREET ADDRESS	MARGIE PHILLS	ليم سر			ET ADORESS				
CITY-ST-ZIP	NORTH MIGHT FLA	33181		3.4. CITY-	ST-ZIP		☐ Change	Addition	
TITLE	DCAROL BRUNN	ノビス	☐ DELETE	4.1 TITLE			□ Change	☐ Addidon	
NAME	160 N.W. 12657			4. 2 NAME					
STREET ADDRESS		i.A		4.3 STREE	ET ADDRESS				
CITY-ST-ZIP	NORTH MIGHT			4.4 CITY-	ST-ZIP				
TITLE	PELIZABETH BR	owr	☐ DELETE	5.1 TITLE			□ Chaпge	☐ Addition	
NAME	7700 544 107	AUF AG	1102	5.2 NAME					
STREET ADDRESS			-	5.3 STREE	ET ADDRESS				
CITY-ST-ZIP	MIAMIFLA33	シックラ		5.4 CITY-5	ST-ZIP				
TITLE	DPETA BETHN		DELETE	6.1 TITLE			☐ Change	Addition	
NAME	3001 S. OCE	DR		6.2 NAME	1				
STREET ADDRESS	300/ 3, 000	A		6.3 STREE	T ADDRESS				
	Holly WOOD FL	7		6.4 CITY-5	ST-ZIP				
CITY-ST-ZIP	300/7				I				

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 arm 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, with all other like empowered.