


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 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 # 725792 (6)

1. Corporation Name
BERMUDA CLUB SEVEN ASSOCIATION, INC.



Principal Place of Business 6299 N.W. 57TH STREET TAMARAC FL 33319	Mailing Address 6289 N.W. 57TH STREET TAMARAC FL 33319-2305
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3. Date Incorporated or Qualified 03/09/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1514283	Applied For <input type="checkbox"/> 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 HYMAN, MICHAEL L 19 W FLAGLER ST STE 416 MIAMI FL 33130	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, ROSLYN		1.2 NAME	Strauss, Reva
STREET ADDRESS 5851 N.W. 62ND AVE.		1.3 STREET ADDRESS	5851 NW 62nd Avenue
CITY-ST-ZIP TAMARAC FL 33319		1.4 CITY-ST-ZIP	Tamarac, Fl. 33319
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STROMFELD, MORRIS		2.2 NAME	Platt, Ann
STREET ADDRESS 5851 NW 62ND AVE		2.3 STREET ADDRESS	5851 NW 62nd Avenue
CITY-ST-ZIP TAMARAC, FL 00000		2.4 CITY-ST-ZIP	Tamarac, Fl. 33319
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAUBER, SID		3.2 NAME	Seiler, Eleanor
STREET ADDRESS 5841 NW 61ST AVE.		3.3 STREET ADDRESS	5841 NW 61st Avenue
CITY-ST-ZIP TAMARAC FL		3.4 CITY-ST-ZIP	Tamarac, Fl. 33319
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, GLORIA		4.2 NAME	
STREET ADDRESS 5841 NW 61 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC, FL 00000		4.4 CITY-ST-ZIP	
TITLE ASD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHENKMAN, MAX		5.2 NAME	
STREET ADDRESS 6161 NW 57TH COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, MARVIN		6.2 NAME	
STREET ADDRESS 6161 NW 57 CT		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		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 in an attachment with an address.

SIGNATURE: *Morris Stromfeld* **MORRIS STROMFELD** PRESIDENT 4/23/97 (954) 721-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035164

CR2E037 (9/96)