

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montman
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 28 AM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730191 (4)
1. Corporation Name
RACQUET CLUB ESTATES, INC

Principal Place of Business Mailing Address
BOX 560423 BOX 560423
MIAMI FL 33256-7423 MIAMI FL 33256-7423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1974 3a. Date of Last Report 02/21/1994
4. FEI Number 59-1885218 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PALMER, CONNIE
STREET ADDRESS	8520 SW 94TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CANTOR, HOWARD
STREET ADDRESS	8640 S.W. 94TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	CONNEL, JIM.
STREET ADDRESS	8630 S.W. 94TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	BONNER, BARBARA
STREET ADDRESS	8530 SW 94TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	GORDIAL, OMAR
STREET ADDRESS	8536 SW 94TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MCKEON, SAM
STREET ADDRESS	8616 S.W. 94TH ST.
CITY - ST - ZIP	MIAMI FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 filer or a person 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: 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dir (304) 6702660