

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730191 (4)
 1. Corporation Name
RACQUET CLUB ESTATES, INC



Principal Place of Business BOX 560423 MIAMI FL 33256-7423	Mailing Address BOX 560423 MIAMI FL 33256-7423
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3. Date Incorporated or Qualified 07/12/1974	3a. Date of Last Report 02/28/1995
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-1885218	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 type="checkbox"/> 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

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]* (NOTE: Registered Agent signature required when reinstating) DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>	NAME PALMER, ALFRED
STREET ADDRESS	8520 SW 94TH ST		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	DELETE <input type="checkbox"/>	NAME STAHL, JACK
STREET ADDRESS	8610 S.W. 94TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	PD	DELETE <input type="checkbox"/>	NAME CONNEL, JIM.
STREET ADDRESS	8630 S.W. 94TH ST.		
CITY-ST-ZIP	MIAMI, FL		
TITLE	SD	DELETE <input type="checkbox"/>	NAME BONNER, BARBARA
STREET ADDRESS	8530 SW 94TH ST		
CITY-ST-ZIP	MIAMI FK		
TITLE	D	DELETE <input type="checkbox"/>	NAME FRANK, MERLE
STREET ADDRESS	8636 S.W. 94TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE		DELETE <input type="checkbox"/>	NAME
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	1.2 NAME
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	2.2 NAME
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	3.2 NAME
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	4.2 NAME
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	5.2 NAME
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	6.2 NAME
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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]* **6/24/96** **395 7271-0583**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)