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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 730191 (4)

1. Corporation Name
RACQUET CLUB ESTATES, INC



Principal Place of Business Mailing Address
BOX 560423 MIAMI FL 33256-7423
BOX 560423 MIAMI FL 33256-0423

3. Date Incorporated or Qualified 07/12/1974
3a. Date of Last Report 07/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1885218
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME PALMER, ALFRED
STREET ADDRESS 8520 SW 94TH ST
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME STAHL, JACK
STREET ADDRESS 8610 S W 94TH ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE VD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME CONNELL, JIM.
STREET ADDRESS 8630 S.W. 94TH ST.
CITY-ST-ZIP MIAMI, FL

3.1 TITLE D Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME BONNER, BARBARA
STREET ADDRESS 8530 SW 94TH ST
CITY-ST-ZIP MIAMI FL

4.1 TITLE VD Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME FRANK, MERLE
STREET ADDRESS 8636 S W 94TH ST
CITY-ST-ZIP MIAMI FL

5.1 TITLE SD Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TD Change Addition
6.2 NAME Abolila, Anthony
6.3 STREET ADDRESS 8540 Sw 94 St
6.4 CITY-ST-ZIP Miami, FL 33156

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/16/97 Date 305 271-0583 Daytime Phone # 0034057

CR2E037 (9/96)