


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
4. FEI Number 59-1885218
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, ALFRED	
STREET ADDRESS	8520 SW 94TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAHL, JACK	
STREET ADDRESS	8610 S W 94TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONNEL, JIM.	
STREET ADDRESS	8630 S.W. 94TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BONNER, BARBARA	
STREET ADDRESS	8530 SW 94TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, MERLE	
STREET ADDRESS	8636 S W 94TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Abolila, Anthony	
1.3 STREET ADDRESS	8540 SW 94 St	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stahl, Jack	
2.3 STREET ADDRESS	8610 SW 94 St	
2.4 CITY-ST-ZIP	Miami, FL 33156	
3.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Connell, Jim	
3.3 STREET ADDRESS	8630 SW 94 St	
3.4 CITY-ST-ZIP	Miami, FL 33156	
4.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bonner, Barbara	
4.3 STREET ADDRESS	8530 SW 94 St	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank, Merle	
5.3 STREET ADDRESS	8636 SW 94 St	
5.4 CITY-ST-ZIP	Miami, FL 33156	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McKeon, Ellen	
6.3 STREET ADDRESS	8616 SW 94 St	
6.4 CITY-ST-ZIP	Miami, FL 33156	

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 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]

4/21/98 (305) 274-6643

CR2E037 (10/97)