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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730191

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/12/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1885218	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	07/12/1974 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABOLILA, ANTHONY			1.2 NAME	59-1885218		
STREET ADDRESS	8540 SW 94TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAHL, JACK			2.2 NAME			
STREET ADDRESS	8610 S W 94TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	CONNEL, JIM.			3.2 NAME			
STREET ADDRESS	8630 S.W. 94TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	BONNER, BARBARA			4.2 NAME			
STREET ADDRESS	8530 SW 94TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FK 33156			4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, MERLE			5.2 NAME			
STREET ADDRESS	8636 S W 94TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE			
NAME	MCKEON, ELLEN			6.2 NAME			
STREET ADDRESS	8616 SW 94 ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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, with all other like empowered.

SIGNATURE: Anthony Abolila 1-24-99 (305) 274-6643
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)