

FILE NOW: FILING FEE IS \$61.25

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Mar 03 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 # **735565** (4)

1. Corporation Name
DINNER KEY CRUISING CLUB, INC.

Principal Place of Business % YELEN & YELEN, P.A. 1104 PONCE DE LEON BLVD. CORAL GABLES FL 33134	Mailing Address % YELEN & YELEN, P.A. 1104 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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2. Principal Place of Business 21 1925 Brickell Avenue Suite, Apt. #, etc. 22 Suite D1001 City & State 23 Miami, Florida 33129 Zip 24 33129	2a. Mailing Address 25 1925 Brickell Avenue Suite, Apt. #, etc. 26 Suite D1001 City & State 27 Miami, Florida Zip 28 33129 Country 29 Dade
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3. Date Incorporated or Qualified 04/13/1976	4. FEI Number 59-1723707	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YELEN, MARTIN
1104 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**
**1925 BRICKELL AVE
SUITE D1001
MIAMI, FLA 33129**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1925 Brickell Avenue, Suite D1001
83	84 City Miami
85 Zip Code 33129	

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELL, DON	1.2 NAME	Sandra Levinson
STREET ADDRESS	3400 PAN AMERICAN DR	1.3 STREET ADDRESS	918 Alfonso Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D	2.2 NAME	
STREET ADDRESS	GREEN, DOTTIE	2.3 STREET ADDRESS	
CITY-ST-ZIP	6901 E. EDGEWATER DRIVE, #211	2.4 CITY-ST-ZIP	
	CORAL GABLES FL		
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD	3.2 NAME	S/D
STREET ADDRESS	ANDREW, LINDA	3.3 STREET ADDRESS	Carole Sammarco
CITY-ST-ZIP	6461 S.W. 43 STREET	3.4 CITY-ST-ZIP	3500 Mystic Point Drive, #3005
	MIAMI FL		Aventura, Fla. 33180
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Sandra Levinson*

2-6-98

305-661-3802

CR2E037 (10/97)