FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735756 (9)

1. Corporation Name

BERMUDA CLUB MANAGEMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
6299 N.W. 57TH STREET TAMARAC FL 33319	6299 N.W. 57TH STREET TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1976
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-1666999 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HYMAN,MICHAEL L. ESQ.
19 WEST FLAGLER STREET SUITE 416
MIAMI FL 33130

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 607.0502 and 607.1508, 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 607.0505, 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	VD	11 TITLE	ATD	☒ Change ☐ Addition
NAME	KAUFMAN, WARREN	12 NAME	Huber, Jack B	
STREET ADDRESS	6200 NW 62ND ST	13 STREET ADDRESS	5890 N.W. 64th Ave.	
CITY-ST-ZIP	TAMARAC FL 33319	14 CITY-ST-ZIP	Tamarac, Fl. 33319	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	LANG, JACK	22 NAME		
STREET ADDRESS	5830 NW 64 AVE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KRAKOFF, RITA	32 NAME		
STREET ADDRESS	6000 N.W. 64TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SIMMS, BERNARD	42 NAME		
STREET ADDRESS	5851 N.W. 62ND AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, WARREN	52 NAME		
STREET ADDRESS	6350 N.W. 62ND ST.	53 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	BERGOFSKY, SHIRLEY	62 NAME		
STREET ADDRESS	5800 NW 64TH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	64 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Warren Kaufman, PRES. WARREN KAUFMAN 4/28/95 (305)721-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010312