FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 05/06/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

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 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	ATD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUBER, JACK B.		1.2 NAME		
STREET ADDRESS	5890 NW 64TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANG, JACK		2.2 NAME		
STREET ADDRESS	5830 NW 64 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAKOFF, RITA		3.2 NAME		
STREET ADDRESS	6000 N.W. 64TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMMS, BERNARD		4.2 NAME		
STREET ADDRESS	5851 N.W. 62ND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, WARREN		5.2 NAME		
STREET ADDRESS	6350 N.W. 62ND ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	BERGOFSKY, SHIRLEY		6.2 NAME	SHER, MORRIS	
STREET ADDRESS	5800 NW 64TH AVE		6.3 STREET ADDRESS	6161 NW 57th Court	
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP	TAMARAC, FL. 33319	

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)(k), 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: Warren Kaufman 4/26/96 (954)721-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)