


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737913** (4)

1. Corporation Name

THE CENTURY CLUB OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 43 1232
S MIAMI FL 33243-8232

PO BOX 43 1232
S MIAMI FL 33242-1232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1977** 3a. Date of Last Report **01/29/1996**

4. FEI Number **59-1720616** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 P.O. BOX 140867

2a. Mailing Address
26 P.O. BOX 140867

Suite, Apt. #, etc. **22**

Suite, Apt. #, etc. **27**

City & State
23 CORAL GABLES, FL

City & State
28 CORAL GABLES, FL

Zip Country
24 33134-0867 **25** USA

Zip Country
29 33134-0867 **30** USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNELL, EDWIN R
1207 SOROLLA AVE
CORAL GABLES FL 33134

81 Name **WAHLSTROM, KIM P.**
82 Street Address (P.O. Box Number is Not Acceptable)
1107 GENOA STREET
83 **CORAL GABLES, FL**
84 City **MIAMI CORAL GABLES** **85** Zip Code **FL 33134**

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]* (NOTE: Registered Agent signature required when reinstating) **8/7/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUBREUIL, GEORGE	
STREET ADDRESS	600 BILTMORE WAY 809	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELDGEDGE, RICHARD H	
STREET ADDRESS	17143 SW 79 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLETON, JOSEPH L	
STREET ADDRESS	4371 CULTRY DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BROWNELL, EDWIN R	
STREET ADDRESS	1207 SOROLLA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUSBY, ALDO	
1.3 STREET ADDRESS	910 S. GREENWAY DRIVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOURNE, WILLIAM H.	
2.3 STREET ADDRESS	510 VITTORIO AVENUE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PERRIN, HARRY J. JR.	
3.3 STREET ADDRESS	6279 S.W. 88TH COURT	
3.4 CITY-ST-ZIP	MIAMI, FL. 33173	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WAHLSTROM, KIM P.	
4.3 STREET ADDRESS	1107 GENOA STREET	
4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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]* **8/6/97 305-447-8737**

CR2E037 (4/97)