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 APR -6 AM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747493 (5)

1. Corporation Name
THE HAMLET COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
3600 HAMLET DRIVE DELRAY BEACH FL 33445	3600 HAMLET DRIVE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1907133 (Applied For / Not Applicable)

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) / Country (25) (29) (30)

5. Certificate of Status Desired [X] **$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BRAVER, JOSEPH
675 LAKEWOODE CIRCLE W.
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: SMALL, BELFORD
82 Street Address (P.O. Box Number is Not Acceptable): 4869 PINEVIEW CIRCLE
83:
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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: X Belford A. Small — BELFORD SMALL, PRESIDENT — DATE: 3/28/95
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	DP	1.1 TITLE	DP	[X] Change [ ] Addition
NAME	BRAVER, JOSEPH	1.2 NAME	SMALL, BELFORD	
STREET ADDRESS	675 LAKEWOODE CIR. W.	1.3 STREET ADDRESS	4869 PINEVIEW CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DV	2.1 TITLE		[ ] Change [ ] Addition
NAME	BIRNBAUM, WILLIAM	2.2 NAME		
STREET ADDRESS	4787 PINEVIEW CIR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		[ ] Change [ ] Addition
NAME	JACOB, JOEL	3.2 NAME		
STREET ADDRESS	743 PINE LAKE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	DS	[X] Change [ ] Addition
NAME	SMALL, BELFORD	4.2 NAME	SABIN, CHARLES	
STREET ADDRESS	4869 PINEVIEW CIR.	4.3 STREET ADDRESS	3542 PINE LAKE COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	5.1 TITLE		[ ] Change [ ] Addition
NAME	KAYE, GERALD	5.2 NAME		
STREET ADDRESS	5120 PINEVIEW CIR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: X Belford A. Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000495