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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810843

1. Corporation Name
BISCAYNE SEA CLUB

Principal Place of Business 8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FL 33141	Mailing Address 8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FL 33141
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/28/1956
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0787519
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JAFFE, LEAH S 8000 EAST DR, APT 106 N. BAY VILLAGE FL 33141	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDS, ROBERT 8020 EAST DRIVE APT 214 N BAY VILLAGE FL 33141	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT JOSEPHINE CHESLEY 8010 EAST DR # 307 NORTH BAY VILLAGE FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINHEIRO, FABIO 8020 EAST DRIVE APT 218 N BAY VILLAGE FL 33141	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR MARJORIE MOLWAY 8020 EAST DRIVE # 117 N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARONE, JACQUELINE 8000 EAST DRIVE APT 306 N BAY VILLAGE FL 33141	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECY JAFFE, LEAH 8000 EAST DR, # 106 N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHOWYN, WILLIAM 8010 EAST DR APT 108 N BAY VILLAGE FL 33141	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIR STERN, SEYMOUR 8020 EAST DR, # 315 N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEAVER, LARRY 8020 EAST DRIVE APT 217 N BAY VILLAGE FL 33141	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, LARRY 8020 E. DR # 217 N. BAY VILLAGE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: MARJORIE MOLWAY SIGNATURE REQUIRED 3/10/99 305.784.5940
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #