FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

F93000005060 (9)

CALIFORNIA CLUB MANAGEMENT, INC.							
Principal Place of	Business	Mailing Address	.,		i samtend ting idend etter anter batte an	= 5.41 A 5.41 B 1111 A 5110 A	
20898 SAN SM		7900 ISLAND BOULEV	ARD				
	BEACH FL 33179	NORTH MIAMI BEACH	FL 33160				
US					3. Date Incorporated or Qualified	3a. Date of Last Rep 03/17/1995	
					11/08/1993		plied For
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 65-0445399	<u> </u>	t Applicable
1		26				\$8.75	
Suite, Apt. #, etc 1		Suite, Apt. #, etc.			Certificate of Status Desired Fee Required		
2 City & State		City & State	.,	_ , ,	6. Election Campaign Financing	\$5.00	
3		28			Trust Fund Contribution	☐ Added	
Zip	Country	Zip	Countr	ý	8. This corporation has liability for inf	tangible tax under s. 1 ™ No	99.032,
4	25	29	30		Florida Statutes Yes 10. Name and Address of New Re		
	9. Name and Address of Curre	nt Registered Agent	8	Name	10. Name and Address St. 10.		
				1	A Lange to blet A constable	,	
	NCHARD A ESQ.		82 Street Ac		ess (P.O. Box Nuniber is Not Acceptable	<i>;</i> ;	
7900 ISL	AND BOULEVARD						
N. MIAMI	BEACH FL 33160					85 Zip	Code
			8	1 '	ration submits this statement for the purp rd of directors. Thereby accept the appo	FLII	
12.		ND DIRECTORS DELETE	13.	E	ADDITIONS/CHANGES TO OFFIC	Change	
TIFLE	VAST	☐ DELETE					L ridgit 31:
NAME	VOLLRATH, ROBERT		1.2 NAM	EL ADORESS			
STREET ADDRESS	7900 ISLAND BOULEVARD NORTH MIAMI BEACH FL			-ST ZIP			
CITY - ST - ZIP	PDS	DELETE	2 1 100			☐ Change	Addition
NAME	MATUS, ALAN		2.2 NAM	16			
STREET ADDRESS	7900 ISLAND BOULEVARD		2.3.51H	LET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL	33160		· \$1 - 7:P		Change	Addit:on
TITLE		☐ DELE1E	3 1 III			[] Onengo	
NAMÉ			3 2 NAM				
STREET ADDRESS				EET ADORESS r S1-7-P			
CITY-ST-ZIP		□ DELF1E	4 1 111			Change	Addition
TITLE NAME			4.2 NAI	VÉ			
STREET ADDRESS			43.51	EET ADDRESS		~~~~~~ 4	
CITY-S\ Z.P			4.4 CI?	Y · ST · ZIP	10000180 -05/06/96010	13821	Addition
TITLE		DELEIE	5 1 11	,	-05/06/96010 ***200.00	ID3OBMonaige	L_ Addition
NAME			5 2 NA		ℼℼℼℒ℧℧ℴ℧℧		
STREET ADDRESS				REEL ADDRESS			
CITY - ST - ZIP		DELETE	5 4 CI	Y-S1-710		☐ Change	Addition
TITLE		1 Octob	6 2 NA				
NAME				REEL ADDRESS			
STREET ADDRESS			6.4.00	יט פי דום			
14. I do heret	L by certify that the information supplied	ed with this fling is voluntarily f	lurnished and o	does not qual h	y for the exemption stated in Section 119 rate and that my signature shall have the	.07(3)(k), Florida Statu same legal effect as i	tes. I further f made unde
certify tha	nt the information indicated on this a	avocation of the receiver of tru	istee empower	s irue and accu ed to execute !	y for the exemption stated in Section 119 trate and that my signature shall have the this report as required by Chapter 607, F	lorida Statutes; and th	at my name
appears ii	n Block 12 or Block 13 if changed,	or ereal attachm in white a	ddress.				
1		/ Infix			4/10/06		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)