FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002228 (3)

MAR-A-LAGO CLUB, INC.

Principal Place of Business Mailing Address % TRUMP ORGANIZATION % TRUMP ORGANIZATION 725 5TH AVE 725 5TH AVE DO NOT WRITE IN THIS SPACE NEW YORK NY 10022 NEW YORK NY 10022 3. Date Incorporated or Qualified 05/05/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 26 13-3818196 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM. INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 R: TALLAHASSEE FL 32301

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.

City

SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 Title TITLE TRUMP, DONALD J 1.2 NAME NAME % TRUMP ORGANIZATION, 725 5TH AVE 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10022** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DEL€TE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing do s 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 trusteed in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed the page attachment with a staddress.

CR2E034 (10/97)

Zip Code

FILED

Feb 25 1998 8:00am

Secretary of State