

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

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002268 (8)

1. Corporation Name
ISLAND CLUB HOLDINGS, INC.



Principal Place of Business
7800 ISLAND BLVD.
NORTH MIAMI BEACH FL 33180

Mailing Address
7800 ISLAND BLVD.
NORTH MIAMI BEACH FL 33180-4906

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

4. FEI Number 59-3378284
APPLIED FOR

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

Signature type: the president or chief executive officer or the registered agent or the registered agent's authorized representative

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD
TRUMP, EDDIE
12.2 STREET ADDRESS 4000 ISLAND BLVD.
12.3 CITY-STATE-ZIP NORTH MIAMI BEACH FL 33180
12.4 TITLE TDC
12.5 NAME TRUMP, JULIUS
12.6 STREET ADDRESS 4000 ISLAND BLVD.
12.7 CITY-STATE-ZIP NORTH MIAMI BEACH FL 33180
12.8 VS
12.9 NAME LIEB, JAMES M
12.10 STREET ADDRESS 4000 ISLAND BLVD.
12.11 CITY-STATE-ZIP NORTH MIAMI BEACH FL 33180
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-STATE-ZIP
12.20 TITLE
12.21 NAME
12.22 STREET ADDRESS
12.23 CITY-STATE-ZIP
12.24 TITLE
12.25 NAME
12.26 STREET ADDRESS
12.27 CITY-STATE-ZIP
12.28 TITLE
12.29 NAME
12.30 STREET ADDRESS
12.31 CITY-STATE-ZIP
12.32 TITLE
12.33 NAME
12.34 STREET ADDRESS
12.35 CITY-STATE-ZIP
12.36 TITLE
12.37 NAME
12.38 STREET ADDRESS
12.39 CITY-STATE-ZIP
12.40 TITLE
12.41 NAME
12.42 STREET ADDRESS
12.43 CITY-STATE-ZIP
12.44 TITLE
12.45 NAME
12.46 STREET ADDRESS
12.47 CITY-STATE-ZIP
12.48 TITLE
12.49 NAME
12.50 STREET ADDRESS
12.51 CITY-STATE-ZIP
12.52 TITLE
12.53 NAME
12.54 STREET ADDRESS
12.55 CITY-STATE-ZIP
12.56 TITLE
12.57 NAME
12.58 STREET ADDRESS
12.59 CITY-STATE-ZIP
12.60 TITLE
12.61 NAME
12.62 STREET ADDRESS
12.63 CITY-STATE-ZIP
12.64 TITLE
12.65 NAME
12.66 STREET ADDRESS
12.67 CITY-STATE-ZIP
12.68 TITLE
12.69 NAME
12.70 STREET ADDRESS
12.71 CITY-STATE-ZIP
12.72 TITLE
12.73 NAME
12.74 STREET ADDRESS
12.75 CITY-STATE-ZIP
12.76 TITLE
12.77 NAME
12.78 STREET ADDRESS
12.79 CITY-STATE-ZIP
12.80 TITLE
12.81 NAME
12.82 STREET ADDRESS
12.83 CITY-STATE-ZIP
12.84 TITLE
12.85 NAME
12.86 STREET ADDRESS
12.87 CITY-STATE-ZIP
12.88 TITLE
12.89 NAME
12.90 STREET ADDRESS
12.91 CITY-STATE-ZIP
12.92 TITLE
12.93 NAME
12.94 STREET ADDRESS
12.95 CITY-STATE-ZIP
12.96 TITLE
12.97 NAME
12.98 STREET ADDRESS
12.99 CITY-STATE-ZIP
13.00 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE C,D
13.2 NAME TRUMP, EDDIE
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE C
13.6 NAME TRUMP, JULIUS
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE D
13.10 NAME LIEB, JAMES M.
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE V
13.14 NAME MATUS, ALAN
13.15 STREET ADDRESS 7900 ISLAND BLVD
13.16 CITY-STATE-ZIP NORTH MIAMI BEACH FL 33160
13.17 TITLE VAS
13.18 NAME VOLLRATH, ROBERT
13.19 STREET ADDRESS 7900 ISLAND BLVD
13.20 CITY-STATE-ZIP NORTH MIAMI BEACH FL 33160
13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP
13.25 TITLE
13.26 NAME
13.27 STREET ADDRESS
13.28 CITY-STATE-ZIP
13.29 TITLE
13.30 NAME
13.31 STREET ADDRESS
13.32 CITY-STATE-ZIP
13.33 TITLE
13.34 NAME
13.35 STREET ADDRESS
13.36 CITY-STATE-ZIP
13.37 TITLE
13.38 NAME
13.39 STREET ADDRESS
13.40 CITY-STATE-ZIP
13.41 TITLE
13.42 NAME
13.43 STREET ADDRESS
13.44 CITY-STATE-ZIP
13.45 TITLE
13.46 NAME
13.47 STREET ADDRESS
13.48 CITY-STATE-ZIP
13.49 TITLE
13.50 NAME
13.51 STREET ADDRESS
13.52 CITY-STATE-ZIP
13.53 TITLE
13.54 NAME
13.55 STREET ADDRESS
13.56 CITY-STATE-ZIP
13.57 TITLE
13.58 NAME
13.59 STREET ADDRESS
13.60 CITY-STATE-ZIP
13.61 TITLE
13.62 NAME
13.63 STREET ADDRESS
13.64 CITY-STATE-ZIP
13.65 TITLE
13.66 NAME
13.67 STREET ADDRESS
13.68 CITY-STATE-ZIP
13.69 TITLE
13.70 NAME
13.71 STREET ADDRESS
13.72 CITY-STATE-ZIP
13.73 TITLE
13.74 NAME
13.75 STREET ADDRESS
13.76 CITY-STATE-ZIP
13.77 TITLE
13.78 NAME
13.79 STREET ADDRESS
13.80 CITY-STATE-ZIP
13.81 TITLE
13.82 NAME
13.83 STREET ADDRESS
13.84 CITY-STATE-ZIP
13.85 TITLE
13.86 NAME
13.87 STREET ADDRESS
13.88 CITY-STATE-ZIP
13.89 TITLE
13.90 NAME
13.91 STREET ADDRESS
13.92 CITY-STATE-ZIP
13.93 TITLE
13.94 NAME
13.95 STREET ADDRESS
13.96 CITY-STATE-ZIP
13.97 TITLE
13.98 NAME
13.99 STREET ADDRESS
14.00 CITY-STATE-ZIP

14. I, the undersigned, 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 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT VOLLRATH VICE PRESIDENT
Robert Vollrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

1-305-937-7886

DATE

Daytime Phone

CR2E034 (9/96)