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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000002268 (8)

ISLAND CLUB HOLDINGS, INC.



Principal Place of Business
7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

Mailing Address
7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/06/1996	
22 City & State	27 City & State	4. FEI Number 59-3378284	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	P/D
NAME	TRUMP, EDDIE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 ISLAND BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	AS
NAME	TRUMP, JULIUS	2.2 NAME	TORPEY, CARITE
STREET ADDRESS	4000 ISLAND BLVD.	2.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	D	3.1 TITLE	EVP/S/D
NAME	LIEB, JAMES M	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 ISLAND BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	EVP/D
NAME	MATUS, ALAN	4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7900 ISLAND BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	V/T/AS
NAME	VOLLRATH, ROBERT	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	79000 ISLAND BLVD	5.3 STREET ADDRESS	"7900" Island Boulevard
CITY-ST-ZIP	NORTH MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V/AS
NAME		6.2 NAME	FINBARB, ROBERT I.
STREET ADDRESS		6.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		6.4 CITY-ST-ZIP	North Miami Beach, FL 33160

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

SIGNATURE: _____

Robert I. Finvarb, V.P. 3/30/98 (305) 937-7823

CR2E034 (10/97)