

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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05-04-1999 90006 047 ***150.00
F98000001132

FILED

99 JUN 14 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F98000001132
1. Corporation Name
WILLIAMS ISLAND OCEAN CLUB, INC.

Principal Place of Business 7900 ISLAND BLVD WILLIAMS ISLAND FL 33160	Mailing Address 7900 ISLAND BLVD WILLIAMS ISLAND FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1998	
21 Suits, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suits, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
33		34		35	

4. FEI Number 65-0814332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FINVARB, ROBERT 7900 ISLAND BLVD WILLIAMS ISLAND FL 33160				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/ P/ S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEB, JAMES M			1.2 NAME	Alan Matus		
STREET ADDRESS	4000 ISLAND BLVD			1.3 STREET ADDRESS	7900 Island Blvd.		
CITY-ST-ZIP	WILLIAMS ISLAND FL			1.4 CITY-ST-ZIP	North Miami Beach, FL 33160		
TITLE	C	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, JULIUS			2.2 NAME	Robert I. Finvarb		
STREET ADDRESS	4000 ISLAND BLVD			2.3 STREET ADDRESS	7900 Island Boulevard		
CITY-ST-ZIP	WILLIAMS ISLAND FL			2.4 CITY-ST-ZIP	North Miami Beach, FL 33160		
TITLE	VC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, EDDIE			3.2 NAME			
STREET ADDRESS	4000 ISLAND BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	WILLIAMS ISLAND FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, 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: _____ SIGNATURE REQUIRED _____ 4-28-99 (305) 937-7823
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)