

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G46971 (9)
1. Corporation Name
WILLIAMS ISLAND COUNTRY CLUB, INC.



Principal Place of Business Mailing Address
750 NE 196TH ST 7900 ISLAND BLVD
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
07/01/1983		58-1524269	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		<input type="checkbox"/>	
8.75 Additional Fee Required		Not Applicable	
6. Election Campaign Financing		5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>	
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

MATUS, ALAN A
7900 ISLAND BLVD
NORTH MIAMI BEACH FL 33160

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

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MATLIS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT K.	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIEB, JAMES M.	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	"MATUS", ALAN
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/T/AS/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/AS
4.3 STREET ADDRESS	FINVARB, ROBERT I.
4.4 CITY-ST-ZIP	7900 Island Boulevard North Miami Beach, FL 33160
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	TORPEY, CARITE
5.4 CITY-ST-ZIP	7900 Island Boulevard North Miami Beach, FL 33160
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____

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

CP2E034 (10/97)