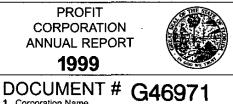
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90006 034 ***150.00

WILLIAMS ISLAND COUNTRY CLUB, INC.										
Principal Place	of Rusiness	Mailing Address							IAN dib in dibih bib	#{
750 NE 195TH ST 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33160										
US						į	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Q	ualifed		
							07/01/1983			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21 26							<u>58-1524269</u>			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Des	ired 🔲		Additional
22 27										Required
City & State	City & State	& State				Election Campaign Final	- 11		May Be	
23	28	***				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation owes t	he current year	_=	
24	25	29	30				Personal Property Tax.	V	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name		10. Name and Address of	New Registere	a Agent	
MAT	IIA MAIA PII			"	Name	•				}
MATUS, ALAN A 7900 ISLAND BLVD				82	Stree	t Addres	s (P.O. Box Number is Not /	Acceptable)		
NORTH MIAMI BEACH FL 33160										
NON	ITT MIAMI BEACITTE 33100			83						
				84	City				. 85 Zir	Code
				Ш				F		
11. Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	t and 607.1508, Florida Statu of Florida, Such change was :	tes, the a suthorizer	bove I hv 1	e-named the corr	d corporation	ation submits this statement is board of directors. I hereb	tor the purpose / accept the ap	of changing i pointment as	ts registered registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Stati	utes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 00010 01 0110010101011110100	,,		
SIGNATURE										
	Signature, typed or printed name of registered agent			Agen	t signature	required w	hen reinstating)	DATE	AND DIDECT	TORS IN 12
12.			13.				ADDITIONS/CHANGES	10 OFFICERS	Change	
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STREET ADDRESS						5				1
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TITLE									[_] Change	
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TITLE	, 10			5.1 TITLE 5.2 NAME					□ criang	
NAME	TORPEY, CARITE				ADDDEC					
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NAME			6.2 N		. 100000					
STREET ADDRESS					ADDRESS	'				İ
CITY-ST-ZIP			6.4 CI	TY-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: