

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

FILED
Mar 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
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DOCUMENT # **G93297** (1)
1. Corporation Name
SEA OAKS BEACH & TENNIS CLUB, INC.



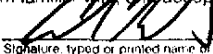
Principal Place of Business 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/27/1984	
				4. FEI Number 59-2492496	
				5. Certificate of Status Desired <input checked="" 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 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 HENDERSON, STEVE L. 817 BEACHLAND BLVD. VERO BEACH FL 32964				10. Name and Address of New Registered Agent			
				81 Name ANDREW KWIAT			
				82 Street Address (P.O. Box Number is Not Acceptable) C/O CONSTRUCTA, INC.			
				83 2665 So. Bayshore Dr #302			
				84 City Coconut Grove FL 85 Zip Code 33133			

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  **ANDREW KWIAT, SECRETARY/TREASURER** 3/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACQUES, BRION			1.2 NAME	JEAN-MARC MEUNIER		
STREET ADDRESS	1235 WINDING OAKS CIR.			1.3 STREET ADDRESS	2665 So. Bayshore Dr #302		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP	COCONUT GROVE, FLA 33133		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	ERIC FAZILLEAU		
STREET ADDRESS				2.3 STREET ADDRESS	2665 So. BAYSHORE DR. #302		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	COCONUT GROVE, FLA 33133		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	GEORGE GIEBEL		
STREET ADDRESS				3.3 STREET ADDRESS	2665 So. BAYSHORE DR. #302		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	COCONUT GROVE, FLA 33133		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SECRETARY, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	ANDREW KWIAT		
STREET ADDRESS				4.3 STREET ADDRESS	2665 So. BAYSHORE DR. #302		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	COCONUT GROVE, FLA 33133		
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.

SIGNATURE:  **ANDREW KWIAT SECRETARY** 3/10/98 (305) 858-7749

CR2E034 (10/97)