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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## · Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L66952**

1. Corporation Name

ROLLING HILLS INTERNATIONAL COUNTRY CLUB, INC.

| 110EE, TO   |   |                                    |                    |       | •                    |  |
|---|---|------------------------------------|--------------------|-------|----------------------|--|
| Principal Place of Business Mailing Address   |   |                                    |                    |       |                      |  |
| 3501 WEST ROLLING HILLS CIR. 3501 WEST ROLLING HILLS FT.LAUDERDALE FL 33328 FORT LAUDERDALE FL 3332 |   |                                    |                    |       |                      | DO NOT WRITE IN THIS SPACE   |
| US US   |   |                                    |                    |       |                      | 3. Date Incorporated or Qualifed   |
|   | :   |                                    |                    |       |                      | 04/19/1990   |
| 2. Principal Place of Business 2a. Mailing Address  |   |                                    |                    |       | <del></del>          | 4. FEI Number Applied For  |
| 21 26   |   |                                    |                    |       |                      | 65-0185981 Not Applicable  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |   |                                    |                    |       |                      | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                        |
| City & State City & State   |   |                                    |                    | , -   | ,                    | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |   | 28                                 |                    |       | •                    | Trust Fund Contribution Added to Fees  |
| Zip   | Country   | Zip                                | Coun               | try   |                      | 8. This corporation owes the current year Intangible                                     |
| 24  | 25  | 29 3                               | 0                  |       |                      | Personal Property Tax.   |
|   | 9. Name and Address of Curren   | t Registered Agent                 |                    |       |                      | 10. Name and Address of New Registered Agent   |
| ROTH, JOEL  |   |                                    |                    | 81    | Name                 |  |
| NORTHERN TRUST PLAZA  |   |                                    | 1                  | 82    | Street Addre         | ess (P.O. Box Number is Not Acceptable)  |
| 301 YAMATO RD, STE. 1200  |   |                                    | <u> </u>           | 83    |                      |  |
| BOCA RATON FL 33431   |   |                                    |                    | -     |                      |  |
|   |   |                                    |                    | 84    | City                 | FL 85 Zip Code oration submits this statement for the purpose of changing its registered |
| agent. I a  | m familiar with, and accept the obligations of the state | tions of, Section 607.0505, Florid | egistered A        | tes.  | t signature required |  |
| 12.   |   | D DIRECTORS                        | 13.                |       | <del>-</del>         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | PSD   | ☐ DELETE                           | 1,1 TITL           | £     | ļ                    | ☐ Change ☐ Addition  |
| NAME  | KASAI,NOBUAKI   |                                    | 1.2 NAN            |       | Ì                    | •  |
| STREET ADDRESS  | 1   |                                    | 1,3 STREET ADDRESS |       | ADDRESS              |  |
| CITY-ST-ZIP   | FT.LAUDERDALE FL 33328  |                                    | 1.4 CIT            | Y-ST  | -ZIP                 |  |
| TITLE   | ☐ DELETE 2.1  |                                    | 2.1 1111           | Æ     |                      | ☐ Change ☐ Addition  |
| NAME  | ,   |                                    | 2.2 NAM            | ИE    |                      |  |
| STREET ADDRESS  |   |                                    | 2.3 STF            | REET. | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                    | 2. 4 CIT           | Y-S1  | T-ZIP                |  |
| TITLE .   |   | ☐ DELETE                           | 3.1 TITL           | E     |                      | ☐ Change ☐ Addition  |
| NAME  | :   |                                    | 3.2 NAA            | ďΕ    |                      |  |
| STREET ADDRESS  |   |                                    | 3.3 STF            | REET  | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                    | 3.4. CIT           | Y-S1  | T-ZIP                | ·  |
| TITLE   |   | ☐ DELETE                           | 4.1 T/II           | LE    |                      | ☐ Change ☐ Addition  |
| NAME:   |   |                                    | 4, 2 NA            | ME    |                      |  |
| STREET ADDRESS  |   |                                    | 4.3 STF            | REET  | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                    | 4.4 CIT            | Y-ST  | T-ZIP                |  |
| TITLE   |   | ☐ DELETE                           | 5.1 TITL           |       |                      | Change Addition  |
| NAME  | * , *   |                                    | 5.2 NA             | ME    |                      |  |
| STREET ADDRESS  |   |                                    | 5.3 STF            | REET  | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                    | 5.4 CIT            | Y-ST  | T-ZIP                | •  |
| TITLE   |   | ☐ DELETE                           | 6.1 TIT            | LE    |                      | ☐ Change ☐ Addition  |
|   |   | <del>_</del>                       | 62 NA              | MF    |                      | ,  |

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Nobuaki Kasai

04/27/99 (954) 475-0400