

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:54

DOCUMENT # M24189 (6)

1. Corporation Name
YACHT CLUB REALTY CORP.

Principal Place of Business Mailing Address
19495 BISCAYNE BLVD. 19495 BISCAYNE BLVD.
SUITE 900 SUITE 900
AVENTURA FL 33180 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/04/1985 3a. Date of Last Report 10/31/1994
4. FBI Number 59-2599901 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 2875 N.E. 191st St 26 2875 N.E. 191st St
Suite, Apt. #, etc. 22 400 27 400
City & State 23 Aventura, FL 28 Aventura, FL
Zip 24 33180 25 Dade 29 33180 30 Dade

9. Name and Address of Current Registered Agent
BERLIN, GEORGE J.
19495 BISCAYNE BOULEVARD
AVENTURA FL 33180

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | ST |
| NAME | BERLIN, GEORGE J. |
| STREET ADDRESS | 19495 BISCAYNE BOULEVARD |
| CITY- ST- ZIP | NO. MIAMI BCH FL |
| TITLE | P |
| NAME | SOFFER, DONALD |
| STREET ADDRESS | 19495 BISCAYNE BOULEVARD |
| CITY- ST- ZIP | NO. MIAMI BCH. FL |
| TITLE | V |
| NAME | KESSLER, EUGENE |
| STREET ADDRESS | 19495 BISCAYNE BOULEVARD |
| CITY- ST- ZIP | N MIAMI BCH FL |
| TITLE | AST |
| NAME | REDLICH, LEONARD |
| STREET ADDRESS | 19495 BISCAYNE BOULEVARD |
| CITY- ST- ZIP | N MIAMI BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 2875 N.E. 191st St. #400 |
| 14 CITY- ST- ZIP | Aventura, FL 33180 |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 2875 N.E. 191st St. #400 |
| 24 CITY- ST- ZIP | Aventura, FL 33180 |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 2875 N.E. 191st St. #400 |
| 34 CITY- ST- ZIP | Aventura, FL 33180 |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | 2875 N.E. 191st St. #400 |
| 44 CITY- ST- ZIP | Aventura, FL 33180 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY- ST- ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY- ST- ZIP | |

14. I hereby certify that the information supplied is true, correct, and complete and does not qualify for the exemption stated in Section 193.02(3)(b), 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. I am an officer or director of the corporation or the owner 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 of this report, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/15/95
D. SOFFER 305/937-6200