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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M27455 (8)

COUNTRY CLUB MANAGEMENT REALTY INC.

FILED Apr 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 18524 NW 67TH AVE. #229 18524 NW 67TH AVE MIAMI FL 33015 STF 229 DO NOT WRITE IN THIS SPACE MIAMI FL 33015 3. Date Incorporated or Qualified 02/14/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 18520 NW 67 AVENUE 18520 NW 67 AVENUE 65-0290028 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required **SUITE # 229 SUITE # 229** City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees MIAMI FLORIDA MIAMI FLORIDA 8. This corporation owes or has paid the current year Intangible 25 DADE Yes **∏** No 30 DADE Personal Property Tax due June 30. 33015 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FORMON, CHRISTOPHER 18520 NW 67 AVE Street Address (P.O. Box Number is Not Acceptable) #229 83 **MIAMI FL 33015** 84 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ Change Addition TITLE 1.1 TITLE FORMON, CHRISTOPHER NAME 1.2 NAME 18520 NW 67 AVE., #229 STREET ADORESS 1.3 STREET ADORESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Thereby 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 aroual 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 truetee 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 atlact ment with an address.

SIGNATURE: