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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08231 (5)

1. Corporation Name

PALM BEACH HUNTING & FISHING CLUB, INC.



Principal Place of Business

Mailing Address

C/O JOEY SVERCHEK
6210 S.W. 9TH STREET
N. LAUDERDALE FL 33068

C/O JOEY SVERCHEK
6210 S.W. 9TH STREET
N. LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SVERCEK, CARL R.
22 BRNING TREE LANE
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMART, LARRY
STREET ADDRESS 2300 N.W. 3RD AVENUE
CITY-ST-ZIP BOCA RATON FL

TITLE S
NAME SVERECK, JOE
STREET ADDRESS 4369 BRANDAN DR
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD
NAME HAAS, DENNIS
STREET ADDRESS 6210 SW 9TH STREET
CITY-ST-ZIP N. LAUDERDALE FL

TITLE VD
NAME FARAH, MICHAEL
STREET ADDRESS 10397 SLEEPBROOK WAY
CITY-ST-ZIP BOCA RATON FL

TITLE PD
NAME SVERCEK, CARL
STREET ADDRESS 22 BRNING TREE LANE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL R. SVERCEK

Date

Daytime Phone #

1/23/96 407-3686856

CR2E037 (12/95)

3/18/96

P.S.