

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13013 (0)**

1. Corporation Name  
**SOUTH FLORIDA PRESS CLUB, INC.**



Principal Place of Business <b>555 N.E. 15TH ST. 25-K MIAMI FL 33132-8405</b>	Mailing Address <b>555 N.E. 15TH ST. 25-K MIAMI FL 33132-8405</b>
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3. Date Incorporated or Qualified <b>01/17/1986</b>
4. FEI Number <b>59-2636119</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

6. Name and Address of Current Registered Agent

**ROSENTHAL, ALAN, ESQ.  
100 S.E. 2ND STREET, SUITE 2300  
MIAMI FL 33131-9198**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALPERS, ANDREW</b>
STREET ADDRESS	<b>8415 SW 107TH AVE, B114</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEUMAN, SUSAN</b>
STREET ADDRESS	<b>555 N.E. 15TH ST. 25-K</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DIAMOND, HINDI</b>
STREET ADDRESS	<b>671 N.E. 195 ST. #321</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BILL WHITING</b>
STREET ADDRESS	<b>1 HERALD PLAZA</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MOLLY TURNER</b>
STREET ADDRESS	<b>PO BOX 140883 N/A</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary + Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ron Levitt</b>
1.3 STREET ADDRESS	<b>141 Savilla Ave</b>
1.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hindi Diamond</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>PRESIDENT + Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>TREASURER + Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Charlotte Lorber</b>
5.3 STREET ADDRESS	<b>426 Hardee Rd.</b>
5.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 1/7/98 305-376-2101

CR2E037 (10/97)