


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N46336 (6)**

1. Corporation Name

**SOUTH FLORIDA MAKO OWNER'S CLUB, INC.**

Principal Place of Business

Mailing Address

**1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060**

**1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060-6763**



|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/06/1991</b>   | 3a. Date of Last Report<br><b>06/13/1996</b>           |
| 4. FEI Number<br><b>65-0296106</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OATES, DANIEL E.  
1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060**

|   |
|---|
| 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D BARROW, TONY</b>           |
| STREET ADDRESS             | <b>7700 NW 8 STR</b>            |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL</b>        |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>PD OATES, DAN</b>            |
| STREET ADDRESS             | <b>1500 E ATLANTIC BLVD.</b>    |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL</b>         |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D MACKECHNIE, BILL</b>       |
| STREET ADDRESS             | <b>5350 PARK PLACE CIRCLE</b>   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>            |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D NITRAY, DAVID</b>          |
| STREET ADDRESS             | <b>150 SE 4 CT</b>              |
| CITY-ST-ZIP                | <b>POMPANO BCH FL</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>DV KALPAKJIAN, GARO L</b>    |
| STREET ADDRESS             | <b>1050 NW 45TH AVE.</b>        |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33066</b>   |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>P GEORGE POVEROMO</b>   |
| 1.3 STREET ADDRESS                                    | <b>9930 NW 59 CT, PARKLAND, FL</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>33076</b>   |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>V. HENRY SIEGEL</b>   |
| 2.3 STREET ADDRESS                                    | <b>2831 NE 48 ST</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>4612THOUSE PT., FL 33064</b>  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | <b>D</b>   |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 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 do 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:

*[Signature]*

4-5-97 954-942-6500

CR2E037 (9/96)