


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000000944 (8)**  
1. Corporation Name

**SOUTH FLORIDA INTERNATIONAL SKEET CLUB, INC.**



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| Principal Place of Business<br><b>13235 SW 85 TERR<br/>MIAMI FL 33183<br/>US</b> | Mailing Address<br><b>13235 SW 85 TERR<br/>MIAMI FL 33183<br/>US</b> |
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| 2. Principal Place of Business<br>21 <b>2929 E. Commercial Blvd.</b><br>Suite, Apt. #, etc.<br>22 <b>Suite 604</b><br>City & State<br>23 <b>Ft. Lauderdale, Florida</b><br>Zip<br>24 <b>33308</b> Country<br>25 <b>USA</b> | 2a. Mailing Address<br>26 <b>2929 E. Commercial Blvd.</b><br>Suite, Apt. #, etc.<br>27 <b>Suite 604</b><br>City & State<br>28 <b>Ft. Lauderdale, Florida</b><br>Zip<br>29 <b>33308</b> Country<br>30 <b>USA</b> |
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| 3. Date Incorporated or Qualified<br><b>02/21/1994</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>65-0479051</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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| 9. Name and Address of Current Registered Agent<br><b>COTTLE, ROBERT<br/>13235 SW 85 TERR<br/>MIAMI FL 33183</b> |  |
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| 10. Name and Address of New Registered Agent<br>81 Name<br><b>Arthur W. Lambertus</b><br>82 Street Address (P.O. Box Number Is Not Acceptable)<br><b>2929 East Commercial Boulevard</b><br>83 <b>Suite 604</b><br>84 City<br><b>Ft. Lauderdale</b> 85 Zip Code<br><b>FL 33308</b> |  |
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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  DATE **1/13/98**  
(NOTE: Registered Agent signature required when reinstating)

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| 12. OFFICERS AND DIRECTORS                     |  |
| TITLE<br><b>PD</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>COTTLE, ROBERT</b>                  |  |
| STREET ADDRESS<br><b>13235 SW 85 TERR</b>      |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                 |  |
| TITLE<br><b>SD</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>SANGIOVANNI, RAFAEL</b>             |  |
| STREET ADDRESS<br><b>15027 SW 90 TERR</b>      |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                 |  |
| TITLE<br><b>TD</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>BUCICAUT, EDOUARD</b>               |  |
| STREET ADDRESS<br><b>6278 SW 136 ST #F-113</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                 |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |  |
| 1.1 TITLE<br><b>SD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Arthur W. Lambertus</b>  |  |
| 1.3 STREET ADDRESS<br><b>2929 E. Commercial Blvd., Suite 604</b>                  |  |
| 1.4 CITY-ST-ZIP<br><b>Ft. Lauderdale, Florida 33308</b>                           |  |
| 2.1 TITLE<br><b>PD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Afif Chanouha</b>  |  |
| 2.3 STREET ADDRESS<br><b>420 S.D. HIGHWAY</b>                                     |  |
| 2.4 CITY-ST-ZIP<br><b>1125 Alfonso Avenue #2L<br/>Coral Gables, Florida 33146</b> |  |
| 3.1 TITLE<br><b>TD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME<br><b>Sami Hourani</b>   |  |
| 3.3 STREET ADDRESS<br><b>16081 S.W. 153 Court</b>                                 |  |
| 3.4 CITY-ST-ZIP<br><b>Miami, Florida 33187</b>                                    |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 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 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:  COLOURED

CP2E037 (10/97)