


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90150 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001912					
1. Corporation Name PLANTATION JEEP CLUB, INC.					
Principal Place of Business 13621 S.W. 36 COURT DAVIE FL 33330			Mailing Address 13621 S.W. 36 COURT DAVIE FL 33330		



2. Principal Place of Business 21 15895 S. DIXIE HWY Suite, Apt. #, etc.		2a. Mailing Address 26 15895 S DIXIE HWY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/15/1994	
22 City & State MIAMI FL		27 City & State MIAMI FL		4. FEI Number NOT APPLICABLE	
23 Zip 33157		28 Zip 33187		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent AURIEMMA, JOHN E 13621 S.W. 36 COURT DAVIE FL 33330				10. Name and Address of New Registered Agent 81 Name MARTY MC MILLAN 82 Street Address (P.O. Box Number is Not Acceptable) 2419 WHALE HARBOR LANE 83 84 City FORT LAUDERDALE FL 85 Zip Code 33312			
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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 *Marty McMillan* 4/30/99 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURIEMMA, JOHN E	1.2 NAME	MARTY MC MILLAN
STREET ADDRESS	13621 S.W. 36 COURT	1.3 STREET ADDRESS	2419 WHALE HARBOR LANE
CITY-ST-ZIP	DAVIE FL 33330	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, HOWARD	2.2 NAME	CHUCK MARTIN
STREET ADDRESS	19700 S.W. 14 STREET	2.3 STREET ADDRESS	8401 ROYAL PALM BEACH BLVD
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, JOSEPH	3.2 NAME	LEE WATTERS
STREET ADDRESS	5731 S.W. 53 TERRACE	3.3 STREET ADDRESS	1929 N. 58 WAY
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHWICK, MIKE	4.2 NAME	
STREET ADDRESS	887 OLEANDER DRIVE	4.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, MARTY	5.2 NAME	
STREET ADDRESS	15895 S. DIXIE HWY.	5.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED 4/21/99 (954.581-0851)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0039336

CR2E037 (1/98)