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**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N94000005591 (2)

1. Corporation Name
THE SURF CLUB DEBUTANTE BALL COMMITTEE, INC.



Principal Place of Business C/O THE SURF CLUB 9005 N COLLINS AVE SURFSIDE FL 33154	Mailing Address 201 ALHAMBRA CIRCLE SUITE 703 CORAL GABLES FL 33134-5108 US
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3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 201 Alhambra Cr.	4. FEI Number 65-0572383	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MAYER, ROBERT M
2474 SW 27 TERRACE
201 S BISCAYNE BLVD SUITE 2400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHALEN, ELIZABETH		1.2 NAME	
STREET ADDRESS 4261 PALM LN		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ELDRIDGE, YVONNE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHECHTER, TERRY		2.2 NAME	
STREET ADDRESS 9701 NE 5TH AVE		2.3 STREET ADDRESS 1581 BRICKELL AVE #1001	
CITY-ST-ZIP MIAMI SHORES FL 33138		2.4 CITY-ST-ZIP MIAMI, FL. 33129	
TITLE DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STIEGLITZ, MIMI D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STIEGLITZ, MIMI		3.2 NAME	
STREET ADDRESS 8820 SW 52ND AVE		3.3 STREET ADDRESS 8820 SW 52 AVE.	
CITY-ST-ZIP MIAMI FL 33156		3.4 CITY-ST-ZIP MIAMI, FL. 33156	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHALEN, MICHAEL		4.2 NAME	
STREET ADDRESS 4261 PALM LN		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael P. Whalen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Whalen 305 -
Date **1/22/97** Daytime Phone # **443-5000**

CR2E037 (9/96)