FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002755 (5)

BOULEVARD 109 CLUB, INC.

Principal Place of Business	Mailing Address				
10901 BISCAYNE BLVD. NORTH MIAMI FL 33181	10901 BISCAYNE BLVD. NORTH MIAMI FL 33161-7459				

FILED Feb 11 1997 8:00am Secretary of State



MODID WINNI	E 93101		HOTOTI M	IMMI I C ODIOITIA	,,,						
							3. Date Incorporated or Qualif 06/12/1995	ied 3a.	Date of Last R 02/09/19	eport 96	
2. Principal Place of Business			2a. Mailir	2a. Mailing Address			4. FEI Number APPLIED FOR 65	C 003	CUA A	plied For	
21			26				APPLIED FOR S	- VO J	DIID	ot Applicable	
Suite, Apt. #, etc. 27			-	Suite, Apt. #, etc.			5. Certificate of Status Desired Section Secti				
City & State City & State					6. Election Campaign Financia	ng	\$5.00	May Be			
23	28						Trust Fund Contribution Added to Fees				
Zip		Country	Zip		Country		8. This corporation has liability	for intangil	ole tax under s	. 199.032,	
24		25	29		30		Florida Statutes	Yes_			
	9. Name	and Address of Currer	t Registered	Agent			10. Name and Address of New	v Registere	d Agent		
1201 HA	YS STREET	RVICE COMPANY I 32301-2525			81 82 83 84	Street Addre	TEDHEN E ss (PD. Box Number is Not Acce OL SISCAYNE	AR eptable B	VD 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 obtigation of, Section 617.0503, Florida Statutes.											
 -	Signatur type	printed name of egistered age		able (NOTE	PAEN Registered Age	nl signature require	·	44/Y			
12.	<u> </u>	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS A			
TITLE	PD			[_] DELETE	1.1 TITLE	}			L.) Change	Addition	
NAME		MARVIN M			1.2 NAME	ļ					
STREET ADDRESS		ISCAYNE BLVD.			1.3 STREET	ADDRESS					
CITY-ST-ZIP		MIAMI FL 33181			1.4 CITY - S	T- ZIP				-	
TITLE	SD			☐ DELETE	2.1 TITLE				L. Change	Addition	
NAME		N, MARVIN			2.2 NAME	ļ					
STREET ADDRESS		ISCAYNE BLVD.			2.3 STREET	ADDRESS					
CITY-ST-ZIP		MIAMI FL 33181		\\	2. 4 CITY - S	- 1			147		
TITLE	VD			DELETE	3.1 TITLE	IVE) \ - \ - \ - \	23	Change Change	Addition	
NAME	KERSTE		7		3.2 NAME	57	ELHEN E KKNI	IN			
STREET ADDRESS		ISCAYNE BLVD.			3.3 STREET	ADDRESS 104	901 BRUBUNE E	3/10			
CITY-ST-ZIP	NORTH	MIAMI FL 33181			3.4. CITY - S	ST-ZIP	FEPHEN E KRUL 901 BISCAYNE E 1-MAM) FZ 33	191			
TITLE				☐ DELETE	4.1 TITLE	100		701	☐ Change		
NAME [4. 2 NAME	ſ					
STREET ADDRESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY - S	T-ZIP					
TITLE				L] DELETE	5.1 TITLE				Change	Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP					5.4 CITY - S	T-ZIP					
TITLE				☐ DELETE	6.1 TITLE			. —	☐] Change	☐ Addition	
NAME					6.2 NAME		b			!	
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP					6.4 CITY - S						
information I am an off	n indicated of ficer or direct	on this annual report or s	supplemental a the receiver o	innual report is tr or trustee empow	ue and accu ered to exec	rate and that r	in Section 119.07(3)(i), Florida Stands my signature shall have the same as required by Chapter 617, Flor	legal effect ida Statutes	as if made un ; and that my r	der oath: that	
SIGNATURE: MARVIN M BACON 2/4/97 305 894/818											