

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000012772

1. Corporation Name
BOCA ISLES CLUB, INC.

Principal Place of Business
700 N.W. 107 AVE.
MIAMI FL 33172

Mailing Address
700 N.W. 107 AVE.
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 03/04/1993		4. FEI Number 65-0406766		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCAIN, DAVID B ESQ 700 N.W. 107 AVE. MIAMI FL 33172				10. Name and Address of New Registered Agent 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 607.0502 and 607.1508, 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 607.0505, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107 AVE,	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	Mc Cain, David B.
STREET ADDRESS	700 N.W. 107 AVE,	2.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33172
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, J A	3.2 NAME	Pekor, Allan J.
STREET ADDRESS	700 N.W. 107 AVE,	3.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	Miami FL 33172
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, WAYNEWRIGHT	4.2 NAME	
STREET ADDRESS	700 N.W. 107 AVE,	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, KATHLEEN E.	5.2 NAME	
STREET ADDRESS	700 NW 107 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A	6.2 NAME	Miller, Stuart A.
STREET ADDRESS	700 NW 107 AVE	6.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL 33172

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 607, 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:


DAVID B. MCCAIN VICE PRESIDENT

1/21/99

Date

305-229-6400

Daytime Phone #

CR2E034 (11/98)