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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham '

Secretary of State
DIVISION OF CORPORATIONS

<u>1997</u>

CITY-ST-ZIP

DOCUMENT # P93000052580 (6)

WYCLIFFE COUNTRY CLUB REALTY, INC.

Principal Place of Business Mailing Address 1000 CLINT MOORE RD. 1000 CLINT MOORE RD. SUITE 110 SUITE 110 **BOCA RATON FL 33487 BOCA RATON FL 33487-2847** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 07/27/1993 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0424971 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutos Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWARTZ, LORNA 4150 WYCLIFFE COUNTRY CLUB BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33467 83 84 City 85 Zip Code FŁ 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 lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Addition TITLE 1.1 3111.8 SWARTZ, LORNA 1.2 NAME NAME ---01164---005 4150 WYCLIFFE COUNTRY CLUB BLVD STREET ADDRESS 1.3 STREET ADDRESS ****173.75 ****173.75 LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.130118 ENDELSON, KENNETH M NAME 2.2 NAME 4150 WYCLIFFE COUNTRY CLUB BLVD STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY- \$1-7IP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 6.4 City - \$1 - ZIP CITY-ST-ZIP DELE 1E Chang TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADORESS

14. I do 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 eath, that I am an officer or director of the corporation of 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.

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Jun 20 1997 8:00am

Secretary of State