FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISIO	N OF CORPORATIONS		
DOCUI 1. Corporation	MENT # P	94000010229	(0)		
ROUP	RKE & ASSOCIATE	S. INC.			
		-,•		1 18 6 11 8 3 7 118 118 118 118 118 118 118 118 118 11	AANN BAAR NAAN AANA NAAN AAN AAN AAN
Principal Place	of Business	Mailing Address			
19225 E ST ANDREWS DR 19225 E ST AND		UDENIG UD			
COUNTRY	CLUB OF MIAMI	COUNTRY CLUE	OF MIAMI		
MIAMI FL 3	3015	MIAMI FL 33015	•	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/31/1994	05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	f, etc.	Suite, Apt. #, etc			Not Applicable
22		27		5. Certificate of Status Desired [\$8.75 Additional Fee Required
Oity & State		Orty & State		6. Election Campaign Financing	- \$5.00 May Re
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29	30)	This corporation has liability for inta Florida Statutes X Yes	
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Reg	
			81 Name		
	(e, harry e e st andrews dr		B2 Street A	Address (P.O. Box Number is Not Acceptable)	
	TRY CLUB OF MIAM		83	· · · · · · · · · · · · · · · · · · ·	
	FL 33015				
			84 City		FL 85 Zip Code
				rporation submits this statement for the purpor loard of directors. Thereby accept the appoint	-
familiar with	n, and accept the obligation	ins of, Section 607.0505, Florida Stat	utes.	could be directors. Thereby accept the appoint	meni as registered agent. I am
SIGNATURE	Signature, typico or printed name of n	egistered agent and title if applicable	(NOTE: Registered Agent signature re	Life and services in one districted	
12.		ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	DELETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	ROURKE, HARRY 19225 E ST ANDR		1.2 NAME		
CITY-ST-ZIP	MIAMI FL 33015	icito un	1.3 STREET ADDRESS 1.4 City - St - Zip		
TITLE	1111 1711 1 2 00010	☐ DELETE	2 1 TILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TIDLE			2.4 CHTY - ST - ZIP		
NAME		☐ DECETE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS	•		3.3 STREET ADDRESS		
CHTY-ST-ZIP			3 4 City - St - ZiP		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME		<u></u>	5 2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7iP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME STHEET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6 3 STREET ADDRESS 6 4 CHY+ST+ZIP		
	certify that the information	supplied with this filing is voluntarily	furnished and does not quali	ly for the exemption stated in Section 119.07(B)(k), 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 a 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.

GNATURE:

HARY E. NOURKE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE: