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

PROFIT CORPORATION ANNUAL REPORT

1997

COUNTRY CLUB OF MIAMI

MIAMI FL 33015



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

COUNTRY CLUB OF MIAMI

MIAMI FL 33015-2317

DOCUMENT # P94000010229 (0)

ROURKE & ASSOCIATES, INC.

Principa' Place c' Business Mailing Address

19225 E ST ANDREWS DR 19225 E ST ANDREWS DR

FILED Apr 07 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1994 03/28/1996				
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number			Applied For		
21		26				65-0464503			Not Applicable	
Suite, Ap	ot #, etc	Suite, Apt #, e	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
City & St	tate	Cily & State				6. Election Campaign Financing		\$5.0	O May Be	
23		28				Trust Fund Contribution			d to Fees	
Zφ	Country	Zip	С	ountry	,	8. This corporation has liability for i	ntangible	tax under	s 199 032	
24	25 29 30					Florida Statutes X Yes No				
- `- k	9. Name and Address of Curre				***********	10. Name and Address of New Re				
R	OURKE, HARRY E			81	Name			_ 		
19225 E ST ANDREWS DR COUNTRY CLUB OF MIAMI										
					82 Street Address (P.O. Box Number is Not Acceptable)					
				83						
M	IAMI FL 33015			83					,	
				84	City	***************************************		85 Zi	p Code	
	•			1.	J.,		FL	[63] [7]	p code	
office of agent.	l			1111		poration, submits this statement for the patients board of directors. I hereby acceptions	ot the app	ointment a	as registered	
	Styree ine, typical or printed name of registered ap				ent signature requ	lred when reinstating)	DATE			
12.		ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	SD	☐ DELI	TE 1.1	TITLE				Change	e 🔲 Addition	
NAME	ROURKE, HARRY E		1.2	NAME						
STREET ADDRES			1.3	STREET	ADDRESS					
CHY-ST Zift	MIAMI FL 33015		1 1	CITY-5	T - 71P					
TITLE	PD DELETE			21 TITLE		· · · · · · · · · · · · · · · · · · ·	*****************	Change	e Addition	
NAME	ROURKE, ROBERT D			2.2 NAME						
STREET ADORES	19225 E ST ANDREWS DR			2.3 STREET ADDRESS						
	MIAMI FL 33015									
CIDY - ST - ZIF	TD			4 CITY-	51 - ZIP			110	THE ALLEYS	
THUE				3.1 TITLE				☐ Change	e 📙 Addition	
NAME				NAMÉ						
STREET ADDRES			33	STREET	ADDRESS					
CITY-ST-ZIF	MIAMI FL 33015		3.4	L CITY-	ST-ZIP					
BILE		DELL	TE 4.1	TITLE				☐ Change	e 🔲 Addition	
NAME			4.	2 NAME						
STREET ADORES	s		4.3	STREET	ADDRESS					
CITY- ST. ZIF				CITY-5						
MILEST AND		DEL		TITLE	p.n			Change	e Addition	
NAM:		paid of the	1	NAME					the state of the s	
	.				Apperox					
STREET ADORES	20				ADDRESS					
CITY-SI-70°				CITY-S	IT-ZIP					
1!11.		☐ DELI	: It 6.1	TITLE				☐ Change	e 🔲 Addition	
NAME					l					
			. 62	NAME						
STREET ADDRES	55				ADDRESS					
STREET ADORES	is .		6.3						,×.	

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 and cated 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 path, the lam 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

111997

305-829-6960