

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081049 (4)
 1. Corporation Name
C-H GOLF I VENTURES, INC.



Principal Place of Business 4950 NORTHWEST 110TH WAY CORAL SPRINGS FL 33076	Mailing Address 4950 NORTHWEST 110TH WAY CORAL SPRINGS FL 33076
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3700 S. DOUGLAS RD Suite, Apt #, etc	2a. Mailing Address 26 Suite, Apt #, etc
22 City & State 23 MIRAMAR	27 City & State
24 Zip FL	25 Country USA
29 Zip 33025	30 Country

3. Date Incorporated or Qualified 10/01/1996	
4. FEI Number 65-0704386	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, IRA	
STREET ADDRESS	4950 NORTHWEST 110TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	STEPHEN L. HUCHBERG	
STREET ADDRESS	205 BROADWAY	
CITY-ST-ZIP	CAMBRIDGE, MA. 02139	
TITLE	ASST SECRETARY	<input type="checkbox"/> DELETE
NAME	MARK I ANONSON	
STREET ADDRESS	701 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	STEPHEN L. HUCHBERG
2.4 CITY-ST-ZIP	205 Broadway
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ASST. SECRETARY
3.3 STREET ADDRESS	MARK I ANONSON
3.4 CITY-ST-ZIP	701 BRICKELL AVE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 asterisk.

SIGNATURE: *IRA COHEN, President* 2/4/98 954-431-3800

CR2E034 (10/97)