


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

0274629

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

03-31-1999 90009 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085517

1. Corporation Name

KINGS RIDGE RECREATION CORPORATION

Principal Place of Business

700 N.W. 107 AVENUE
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVENUE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0718384	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCAIN, DAVID B ESQ. 700 N.W. 107 AVENUE MIAMI FL 33172				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	D <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 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	VS MCCAIN, David B
STREET ADDRESS	700 N.W. 107 AVENUE	2.3 STREET ADDRESS	700 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOM, WAYNEWRIGHT	3.2 NAME	
STREET ADDRESS	700 N.W. 107 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEKOR, ALLAN J	4.2 NAME	DVCFO Gross Bruce
STREET ADDRESS	700 N.W. 107 AVENUE	4.3 STREET ADDRESS	700 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A	5.2 NAME	PD Miller Stuart A
STREET ADDRESS	700 N.W. 107 AVENUE	5.3 STREET ADDRESS	700 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	6.2 NAME	
STREET ADDRESS	700 NW 107 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 address, with all other like empowered.

SIGNATURE:


DAVID B. MCCAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1999 (305) 485-2070

Date

Daytime Phone #

CR2E034 (11/98)