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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 11 1998 8:00am

Secretary of State

Addition

DOCUMENT # P97000025735 (6)

FLORI	DA RESORT CLUB, INC.	·	•						
Principal Place of Business Mailing Address									
2972A AVENTURA BLVD SUITE 206 2972A AVENTURA BLVD SUITE 206 AVENTURA FL 33180 AVENTURA FL 33180						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 03/21/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	□ ✓	Applied For	
21		26					,	lot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc	⊢			5. Certificate of Status Desired	•	Additional	
City & Stat	θ	City & State	City & State			6 Floring Connection Financian		Required	
23		}	28			6. Election Campalgn Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the curre			
24	25	29	30			Personal Property Tax due June 30.	Yes [□ No	
	9, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered A	gent		
DEFABIO, JOEL ESQ. 2121 PONCE DE LEON BLVD., S-430 CORAL GABLES FL 33134				81	Name	•			
				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL	85 Zip	Code	
I Oπice or i	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the obligations of the state o	le of Florida. Such change v gations of, Section 607.050:	was authorized 5, Florida State	d by utes	the corpora 3.	poration submits this statement for the purpose of a tion's board of directors. I hereby accept the apporation when reinstaling) DATE	shanging intment as	its registered s registered	
12.		ND DIRECTORS	13.	- No	in algorature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	DELETE		1.1 TIT	LE			Change	Addition	
NAME	STREET ADDRESS 2972A AVENTURA BLVD., SUITE 206			1.2 NAME					
STREET ADDRESS				REET	ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180	- Duese	1.4 CIT	******	T-ZIP				
TITLE	.			2.1 TITLE		L.	Change	☐ Addition	
NAME Street address			2.2 NAI		*DODECC				
CITY-ST-ZIP					ADDRESS				
TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME			3.2 NA			•			
STREET ADDRESS			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP			3.4 CII	TY-\$	IT-ZIP				
TITLE		DELETE	4.1 TIT	LE			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS					ADDRESS			į	
CITY-ST-ZIP		DELETE	4.4 CIT		T-ZIP	,	70	1 3 350	
TITLE		☐ DELĒTĒ				L	Change	Addition	
STREET ADDRESS			5.2 NA/		ADDDCCC				
CITY-ST-2IP			5.4 CIT		ADDRESS 1-71P				

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 the attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE