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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # COO

1. Corporation	n Name K CLUB ESTATES, INC.						
Principal Place of Business Mailing Address					[([2]([])] ([3]([])]	11911 Blet mist	11841 01914 1081
12555 BISCAYNE BLVD							
SUITE 711 SUITE 711					DO NOT WINTE IN THIS	COACE	
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		US			01/09/1991		-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
2. 1 Thirdpart lace of business 22. 1					65-0235029		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22			* . +.		5. Certificate of Status Desired	_ Fee R	equi <u>re</u> d
City & Stat	City & State			6. Election Campaign Financing	\$5.00	May Be	
23 ·		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year In	tangible	_
24	25	29 30	0		Personal Property Tax.	☐ Yes	□No
	g. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	Agent	
00/0	N. CHARON O		81	Name			
DIXON, SHARON Q			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
150 W. FLAGLER ST.							
MUSEUM TOWER STE. #2200			83				
MIAN	AI FL 33130		84	City		85 Zip	Code
				1	<u>FL</u>		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was autt	nonzea bv	the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	r changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ru	egistered Age	nt signature require	d when reinstating) DATE		}
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD DELETE		1.1 TITLE			Change	Addition
NAME	ALTER, HOWARD		1.2 NAME				{
STREET ADDRESS	ARRAN SIGNATURE SILVERS TO A SECOND SILVERS SI		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY-ST-ZIP				
TITLE	VOTD DELETE		2.1 TITLE			☐ Change	Addition
NAME	KAYE, DEBORAH Je his con		2.2 NAME				ĺ
STREET ADDRESS	KAYE, DEBORAH 10800 BISCAYNE BV #705 NORTH MIAMI BCH FL 33161 DELETE		2.3 STREET ADDRESS				İ
CITY-ST-ZIP	NORTH MIAMI BCH FL 33161		2. 4 CITY-ST-ZIP				
TITLE	DELETE		3.Ĩ ŤÍĪLE		 	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	\$		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY+ST+ZIP				
TITLE	☐ DELETE		4.1 TITLE			☐ Change	Addition !
NAME			4. 2 NAME				
STREET ADDRESS	DDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		<u>_</u>	
TITLE	_		5.1 TITLE	`]		Change	Addition \
NAME			5.2 NAME				
STREET ADDRESS	}		1	TADDRESS			
CITY-ST-ZIP	Zir		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

14. I hereby certify that the information supplied with this filling 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 received report of the corporation or the received received report of the corporation or the received report of the corporation or the received report of the corporation or the received report of the corporation of the corporation of the corporation of the received report of the corporation of the received received report of the corporation of the received recei

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-800-345- 5496