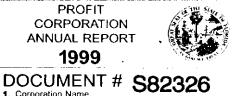
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

ST. TROPEZ AT BOCA GOLF, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED 98 LFR 26 AN 8: 57 CHICLETARY OF STATE



Principal Plac		Mailing Address				
123 NW 13 ST BOCA RATON FL 33432		123 NW 13 ST BOCA RATON FL 33432		BO DOT MODE IN TO	W	
					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			09/23/1991 4. FET Number	1 15
21	lace of boshless	26			65-0304088	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			03/0304066	Not Applicable \$8.75 Additional
22	W. 010	27			5. Certificate of Status Desired []	Fee Required
City & Stat	e	City & State		6. Election Campaign Emancing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Countr	у	8. This corporation owes the current year	Intangible
24	25	1 1	30		Personal Property Tax	[] Yes [] No
	9. Name and Address of Curren	Registered Agent	_	.1 .	10. Name and Address of New Register	ed Agent
CHA	PIRO, DAVID		81	Name		
	N.W. 13TH STREET		82	Street Addi	dress (P.O. Box Number is Not Acceptable)	
:	E 300		Ĺ		,	
	A RATON FL 33432		83	3		
BQC.	A RATON FL 33432		84	City		. 85 Zip Code
				,	F	L 3 / 10 Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au:	thanzed by	the corporate	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agreed		ke jiste e l Aje	a signation to a co	· two or new areas.	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	[DELETE	1171114			[Change
NAME	ENGELSTEIN, ALEC		1.2 NAME		<u> გგვებიი</u> უ	945(
\$TREET ADDRESS	123 N.W. 13TH STREET		13SIKEE	LADORUSS	-04/30/93-	-01145004
CITY-ST-ZIP	BOCA RATON FL	_	1.4 OTY-51-7(P)		****158.7	5 ****158.75
TITLE	DV	[DELETE	2 1 1 IT LE			[Change [Addition
NAME	ENGELSTEIN, HARRY		2.2 NAME			
STREET ADDRESS	123 N.W. 13TH STREET		2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 OHY-1	S1-ZIP		
TITLE	DSTV	[] DELETE	3.1.T-T(E			[Change [Addition
NAME	SHAPIRO, DAVID		3.2 NAME			
STREET ADDRESS	123 N.W. 13TH STREET		3351RFF	1 ADORESS		
CITY-ST-ZIP	BOCA RATON FL		34 OITY-1	ST 7№		
TITLE		[DELETE	4.1 TillE			[Change
MAME			4 2 NAME			
REET ADDRESS			43SIREE	LADDRESS		
CITY-ST-ZIP			44 CHY-5	1.76		
TITLE		[] DELETE	5.1 THILF			[] Change
NAME			5.2 NAME			
STREET ADDRESS			5 I STREE	LADORESS		
CiTY-ST-ZiP			5.4 CiTY+S	1.70		
TITLE		[] DELETE	6.1 Till I	1		[Change
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	r Abore 55		\mathcal{L}_{α}
CITY-ST-ZIP			64 CITY-S	* - 2 (P		INP

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 of 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 as or an attactiment with an address, with all other like empowered.

SIGNATURE:

561-391-4012 Distance Pagna #