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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S82326

1. Corporation Name

ST. TROPEZ AT BOCA GOLF, INC.

Principal Place of Business

123 NW 13 ST  
BOCA RATON FL 33432

Mailing Address

123 NW 13 ST  
BOCA RATON FL 33432

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID  
123 N.W. 13TH STREET  
SUITE 300  
BOCA RATON FL 33432

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 is required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ENGELSTEIN, ALEC	
STREET ADDRESS	123 N.W. 13TH STREET	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DV	[ ] DELETE
NAME	ENGELSTEIN, HARRY	
STREET ADDRESS	123 N.W. 13TH STREET	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DSTV	[ ] DELETE
NAME	SHAPIRO, DAVID	
STREET ADDRESS	123 N.W. 13TH STREET	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

FILED

02 APR 26 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1991

4. FEI Number

65-0304088

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

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 Shapiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-391-4012

0039195

CR2E034 (11/98)