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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  Izent S. CALUSA CLUB DRIVE MIAMI FL 33186 US  2a. Mailing Address 2b. Mailing Address US  2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Add	DOCUMENT # <b>V23770</b>					01-25-1999 90052 026 *****150.00		
Principal Place of Business   Mailing Address   12841 \$ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ CALIUSA CLUB DRIVE   MIAMI FL 33186   US   12841 \$\text{ Caliusant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.0505, Florida Statutes   More repossible   Maintenance   More repossible   Maintenance   More repossible   Maintenance   More repossible   More repossib	1. Corporat	tion Name						
MAMI FL 33186 US    DO NOT WRITE IN THIS SPACE	Principal Pl	ace of Business	Mailing Address			3 100tt Ottore sinse itsii taats toati oost oost oost ot	### #J### ##### #J## 18E	
2. Principal Place of Business 2. Mailing Address 2. Fill Number 3. Fill Number 4. Fill Number 65-0325916  Suite, Apt. #, etc. 5. Certificate of Status Desired   Robert Status Period Contribution   Robert Status Desired   Robert Status Period Desired   Robert Status Desired   Robert Status Desired   Robert Status Desired   Robert Status Period Desired   Robert Status Desired   Robert Sta	MIAMI FL 331		MIAMI FL 33186	MIAMI FL 33186			ACE	
21								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal	I Place of Business	2a. Mailing Address			1 .7	Applied For	
22   27   5. Certificate of Status Desired   Fee Required City & State   City & State   28   Trust Fund Contribution   Added to Figure 1   Added to Figure 2   25   29   30   Trust Fund Contribution   Added to Figure 2   25   29   30   Personal Property Tax.   Yes   25   29   30   Personal Property Tax.   Yes   26   26   27   28   29   30   Personal Property Tax.   Yes   27   28   29   30   Personal Property Tax.   Yes   29   30   Personal Property Tax.   Yes   20   29   20   20   20   20   20   20	21						Not Applicab	
Trust Fund Contribution Added to F Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. Yes S  9, Name and Address of Current Registered Agent  SAKOWITZ, ROBERT  SAKOWITZ, ROBERT  10, Name and Address of New Registered Agent  81 Name  SAKOWITZ, ROBERT  82 Street Address (P.O. Box Number is Not Acceptable)  MIAMI FL 33186  83 Street Address (P.O. Box Number is Not Acceptable)  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 reconfice 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 registed 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					Le Codiforto of Status Desired			
Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. Yes 9, Name and Address of Current Registered Agent  SAKOWITZ, ROBERT  SAKOWITZ, ROBERT  82 Street Address (P.O. Box Number is Not Acceptable)  MIAMI FL 33186  83 Street Address (P.O. Box Number is Not Acceptable)  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 recoffice 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 regist 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	City & S	tate	— ·	<b>⊢</b> '				
9. Name and Address of Current Registered Agent  SAKOWITZ, ROBERT  12841 S. CALUSA CLUB DRIVE  MIAMI FL 33186  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Coc  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 recoffice 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 regist 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 Life if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE	Zip	<u> </u>		_	ry	1 **		
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MIAMI FL 33186  84 City  FL 85 Zip Coc  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 recoffice 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 regist 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	SAKOWITZ, ROBERT					Idraes (P.O. Roy Number is Not Accentable)		
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Signature, typed or printed name or registered agent and use in applicable. (NOTE: Registered Agent Syntams required in the control of the co	SIGNATUR	RE		Y. N		DATE:	<u> </u>	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			-9		ent signature requa	and Arrest Contouring)	IRECTORS IN 12	
TITLE D DELETE 1.1 TITLE / 1.2 Change					· T			
NAME SAKOWITZ ROBERT		1 -					- –	

## 1.3 STREET ADDRESS 12841 S. CALUSA CLUB DRIVE STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ' : ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME . 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 15 6 32 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

CR2E034 (11/98)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees