

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:23

DOCUMENT # V35967 (1)

1. Corporation Name
PALM BEACH GOLF CENTER II, INC.

Principal Place of Business Mailing Address
7100 NORTH MILITARY TRAIL 7100 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/11/1992 05/01/1994

4. FEI Number Applied For
65-0332606 Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.03(2), Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SINGER, MIKE
618 US HWY 1 #104
NORTH PALM BEACH FL 33408

10. Name and Address of Now Registered Agent
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 of person named as registered agent and title (Agent or not)

Signature of registered agent (signature required for registration)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SUGARMAN, LAWRENCE L.
STREET ADDRESS	7100 N. MILITARY TRAIL
CITY, ST, ZIP	PALM BEACH GRDNS FL
TITLE	ST
NAME	SUGARMAN, LAWRENCE L.
STREET ADDRESS	7100 N. MILITARY TRAIL
CITY, ST, ZIP	PALM BEACH GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES, DELETIONS, AND DELETIONS IN 12

11000	<input type="checkbox"/> Change <input type="checkbox"/> Address
11000	
11500	<input type="checkbox"/> Change <input type="checkbox"/> Address
11500	
12000	<input type="checkbox"/> Change <input type="checkbox"/> Address
12000	
12500	<input type="checkbox"/> Change <input type="checkbox"/> Address
12500	
13000	<input type="checkbox"/> Change <input type="checkbox"/> Address
13000	
13500	<input type="checkbox"/> Change <input type="checkbox"/> Address
13500	
14000	<input type="checkbox"/> Change <input type="checkbox"/> Address
14000	
14500	<input type="checkbox"/> Change <input type="checkbox"/> Address
14500	
15000	<input type="checkbox"/> Change <input type="checkbox"/> Address
15000	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included in this annual report or semi-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 appointed to administer the report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE:

Lawrence L. Sugarmann
SIGNATURE AND TYPED OR PRINTED NAME OF THE INDIVIDUAL OFFICER OR DIRECTOR

1-11-95 (407) 842-7100