

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

• PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # F94000002969 (3)**

1. Corporation Name  
**GP CORAL CLUB, INC.**



Principal Place of Business: **6421 INKSTER, STE. 200 BLOOMFIELD HILLS MI 48301**  
Mailing Address: **6421 INKSTER, STE. 200 BLOOMFIELD HILLS MI 48301**

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

3. Date Incorporated or Qualified: **06/07/1994**  
3a. Date of Last Report: **03/10/1995**  
4. FID Number: **38-3182222**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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, to the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **DP**  
NAME: **SILLMAN, DAVID**  
STREET ADDRESS: **6421 INKSTER, STE. 200**  
CITY-STATE-ZIP: **BLOOMFIELD HILLS MI 48301**  
TITLE: **DST**  
NAME: **BARDEN, ENID**  
STREET ADDRESS: **3914 WABEEK LAKE DRIVE EAST**  
CITY-STATE-ZIP: **BLOOMFIELD HILLS MI 48302**  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
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: \_\_\_\_\_  
15 TITLE: \_\_\_\_\_  Change  Addition  
16 NAME: \_\_\_\_\_  
17 STREET ADDRESS: \_\_\_\_\_  
18 CITY-STATE-ZIP: \_\_\_\_\_  
19 TITLE: \_\_\_\_\_  Change  Addition  
20 NAME: \_\_\_\_\_  
21 STREET ADDRESS: \_\_\_\_\_  
22 CITY-STATE-ZIP: \_\_\_\_\_  
23 TITLE: \_\_\_\_\_  Change  Addition  
24 NAME: \_\_\_\_\_  
25 STREET ADDRESS: \_\_\_\_\_  
26 CITY-STATE-ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntary, true, just and correct and that the provisions of Section 119.01, Florida Statutes, further certify that the information included on this form is true, correct and complete. I, the undersigned, do hereby certify that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that the name of the officer or director is correctly stated in the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is applicable to the report as required by Chapter 607, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 810-932-5330

CR2E034 (12/95)