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Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90006 009 \*\*\*300.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 178623</b> 1. Corporation Name <b>CORAL RIDGE GOLF COURSE, INC.</b>			
Principal Place of Business <b>3801 BAYVIEW DR. FORT LAUDERDALE FL 33308 US</b>		Mailing Address <b>3801 BAYVIEW DR. FORT LAUDERDALE FL 33308 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	
9. Name and Address of Current Registered Agent <b>DARWELL, M 3801 BAYVIEW DR FORT LAUDERDALE FL 33308</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 607.0505 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 required when reinstating) DATE _____)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JONES, R T	1.2 NAME	
STREET ADDRESS	3801 BAYVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	JONES, R.T. JR.	2.2 NAME	
STREET ADDRESS	705 FOREST AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA 94301	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	JONES, R L	3.2 NAME	
STREET ADDRESS	#10 BELLECLAIR PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	DARWELL, M	4.2 NAME	
STREET ADDRESS	3801 BAYVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)