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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H27613 (9)
1. Corporation Name
THE PLANTATION CLUB, INC.



Principal Place of Business: 3870 TALL TIMBERS COURT TALLAHASSEE FL 32308-3419
Mailing Address: 3870 TALL TIMBERS COURT TALLAHASSEE FL 32308-3419

3. Date Incorporated or Qualified: 10/29/1984
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-2471569
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 has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

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

9. Name and Address of Current Registered Agent

GIUDICE, WILLIAM A.
3870 TALL TIMBERS CT
TALLAHASSEE FL 32308

10. Name and Address of New 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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: DST [] DELETE
1.2 NAME: GIUDICE, WILLIAM A.
1.3 STREET ADDRESS: 1300 MICCOSUKEE ROAD
1.4 CITY-ST-ZIP: TALLAHASSEE FL
2.1 TITLE: D [] DELETE
2.2 NAME: MOORE, DUNCAN
2.3 STREET ADDRESS: 1300 MICCOSUKEE RD
2.4 CITY-ST-ZIP: TALLAHASSEE FL
3.1 TITLE: [] DELETE
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: [] DELETE
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: [] DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: [] DELETE
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] Change [] Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: [] Change [] Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: [] Change [] Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: [] Change [] Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: [] Change [] Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: [] Change [] Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: _____ (REQUIRED) 4-1-97 904-681-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)