

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

**FILED**  
**Mar 25 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 # L91081**

**(4)**

1. Corporation Name  
**RAVINES GOLF CORPORATION**



Principal Place of Business

**2932 RAVINES ROAD  
 MIDDLEBURG FL 32068  
 US**

Mailing Address

**2932 RAVINES ROAD  
 MIDDLEBURG FL 32068-5730  
 US**

3. Date Incorporated or Qualified <b>07/30/1990</b>	3a. Date of Last Report <b>02/20/1996</b>
4. FEI Number <b>59-3020951</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEEFE, KENNETH M., JR  
 3300 BARNETT CENTER  
 50 N LAURA ST  
 JACKSONVILLE FL 32202**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, RYOICHI	1.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	1.4 CITY - ST - ZIP	
TITLE	AVO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADO, HIROYUKI	2.2 NAME	
STREET ADDRESS	2932 RAVINES RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, RYOICHI	3.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	3.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, MITSUYOSHI	4.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	4.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARASE, SUNAO	5.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANA, CHININ	6.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	6.3 STREET ADDRESS	
CITY, ST, ZIP	MIDDLEBURG FL	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 on Back 12 or Back 13 if changed, or on an attachment with an address

SIGNATURE: \_\_\_\_\_ DATE: **2/21/97** **904-282-2701**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)