

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90089 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L91081
 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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/30/1990	
4. FEI Number 59-3020951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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, 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 <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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/15/99 904-282-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #