
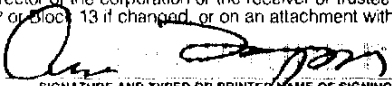


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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 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 # 367548 (5) 1. Corporation Name ENGLEWOOD GOLF REALTY, INC.			
Principal Place of Business 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD FL 34223		Mailing Address 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD FL 34223-1828	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON, ANDREW M 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD, FL 34223		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 relistating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	THOMPSON, GEROGE R. JR.	1.2 NAME	
STREET ADDRESS	2519 COZUMEL DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	THOMPSON, GEORGE R SR.	2.2 NAME	
STREET ADDRESS	1 S. GOLFVIEW DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	THOMPSON, GEORGE R JR	3.2 NAME	
STREET ADDRESS	2519 COZUMEL DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	
NAME	THOMPSON, ANDREW M.	4.2 NAME	
STREET ADDRESS	#1 S. GOLFVIEW DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	
NAME	ROSE C. MARTENS	5.2 NAME	
STREET ADDRESS	4142 KEATS DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	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 do 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.			
SIGNATURE: 		3/15/97 941-474-9551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)