

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 264374 (0)  
1. Corporation Name  
IRV SCHLOSS GOLF ENTERPRISES, INC.



Principal Place of Business  
20712 US 10 N  
UNIT 402  
CLEARWATER FL 34621  
US  
- Retiring -

Mailing Address  
2295 BEN HOGAN DR  
DUNEDIN FL 34698  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5295 BEN HOGAN DR Suite, Apt. #, etc. 22 DUNEDIN, FL City & State 23 DUNEDIN, FL 34698 Zip 24 34698 Country 25 FIDELAS Country 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 11/07/1962	4. FEI Number 59-1022028 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BOWERS, JACQUELINE L. 2295 BEN HOGAN DR. DUNEDIN FL 34698	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
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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 *Jacqueline L. Bowers* - PRESIDENT  
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 4-10-98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME THELMA E. SCHLOSS STREET ADDRESS 2053 HARVARD AVE. CITY-ST-ZIP DUNEDIN FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME JACQUELINE L. BOWERS 1.3 STREET ADDRESS 2295 BEN HOGAN DR 1.4 CITY-ST-ZIP DUNEDIN, FL 34698
TITLE SD NAME BOWERS, JACQUELINE L. STREET ADDRESS 2295 BEN HOGAN DR. CITY-ST-ZIP DUNEDIN FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE SEC. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MICHAEL L. BOWERS 2.3 STREET ADDRESS 2295 BEN HOGAN DR 2.4 CITY-ST-ZIP DUNEDIN, FL 34698
TITLE VD NAME BOWERS, MICHAEL L. STREET ADDRESS 2295 BEN HOGAN DR. CITY-ST-ZIP DUNEDIN FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *Jacqueline L. Bowers* JACQUELINE L. BOWERS 4-10-98 813 733-9241

CR2E034 (10/97)