

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

FILED
Mar 02 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 # **282639** (4)
1. Corporation Name
FLORIDA POLO, INC.

Principal Place of Business 4550 POLO ROAD LAKE WORTH FL 33467-3718	Mailing Address 4550 POLO ROAD LAKE WORTH FL 33467-3718
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1964	
21		26		4. FEI Number 59-1096396	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

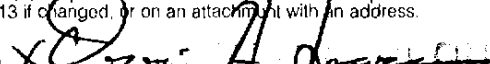
9. Name and Address of Current Registered Agent BYRD, WADE R 340 ROYAL PALM WAY PALM BEACH FL 33480		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, ORRIN H	1.2 NAME	T. GARRICK STEELE
STREET ADDRESS	PO BOX 23049	1.3 STREET ADDRESS	700 S. WASHINGTON STREET
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	ALEXANDRIA VA 22314
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDEN, G. ALEXANDER	2.2 NAME	STEPHEN A. ORTHWEIN
STREET ADDRESS	122 OCEANVIEW RD	2.3 STREET ADDRESS	1409 WASHINGTON AVENUE
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	ST LOUIS, MO 63103
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WADE R.	3.2 NAME	
STREET ADDRESS	340 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP, DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, S.K. III	4.2 NAME	
STREET ADDRESS	600 KRYSTAL BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

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***150.00

3/23/98

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