


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # .511245 (3) 1. Corporation Name WILLISTON GOLF AND COUNTRY CLUB CORPORATION					
Principal Place of Business % ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145			Mailing Address % ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/25/1976 4. FEI Number 59-1686724 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ESTES, JAMES E. JR. 537 EAST PARK AVE. TALLAHASSEE FL 32315			10. Name and Address of New Registered Agent 81 Name CARL A. BERTOCH 82 Street Address (P.O. Box Number is Not Acceptable) 537 EAST PARK AVE. 83 84 City TALLAHASSEE FL 85 Zip Code 32315		
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 13 APR 98					
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	N. DE CUELLO, AIMEE		1.2 NAME		
STREET ADDRESS	2025 CACIQUE ST - OCEAN PRK		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTURCE P.		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POU, AIMEE		2.2 NAME		
STREET ADDRESS	9413 S.W. 21 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUELLO DE DE JUAN, MARIA M		3.2 NAME		
STREET ADDRESS	28 FORTE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

SIGNATURE:

03/18/1998

CR2E034 (10/97)