

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90134 040 \*\*\*150.00

DOCUMENT # F03119

1. Corporation Name  
**SPORTSMAN'S LODGE DEVELOPMENT CORP.**

Principal Place of Business  
**BOX 15707  
ST PETERSBURG FL 33733  
US**

Mailing Address  
**BOX 15707  
ST PETERSBURG FL 33733  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/24/1980</b>	
4. FEI Number <b>59-2067840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	Zip
25	Country	30	Zip

9. Name and Address of Current Registered Agent

**DELANO, G. KRISTIN  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

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. (NOT E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BRUBAKER, RICHARD	1.1 TITLE	D Campbell, Desmond
NAME	360 CENTRAL AVE.	1.2 NAME	Fort Street, P.O. Box 1369
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	George Town, Grand Cayman, BWI
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S DELANO, G. KRISTIN	2.1 TITLE	
NAME	360 CENTRAL AVE.	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T MOORE, SCOT E	3.1 TITLE	
NAME	360 CENTRAL AVE	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BENJAMIN, BARRY B.	4.1 TITLE	
NAME	FORT STREET, P.O. BOX 1369	4.2 NAME	Benjamin, Barry B.
STREET ADDRESS	GEORGE TOWN GR BWI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS SOUTHEY, ROBERT G	5.1 TITLE	
NAME	360 CENTRAL AVE	5.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SMITH, JOHN E.	6.1 TITLE	
NAME	FORT STREET, P.O. BOX 1369	6.2 NAME	Smith, John E.
STREET ADDRESS	GEORGE TOWN GR BWI	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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kristin Delano, Secretary

Date

Daytime Phone #

4/11/99 (727) 823-4000 Ext. 4416

CR2E034 (11/98)

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