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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001848 (0)

THE CHAMPIONS CLUB OF GEORGIA, INC.

## Principal Place of Business Mailing Address SUITE 330 **SUITE 330** 111 RIVERSIDE AVENUE 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 59-3081330 26 Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 4 MELNYK, STEVEN N SUITE 330 一時間中世子時日日 Street Address (P.O. Box Number is Not Acceptable) 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202 84 City 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, typed or printed name of registered agent and liftle if applicable when reinstating OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE 12 NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Melnyk, steven n NAME 111 RIVERSIDE AVENUE, SUITE 330 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LESLIE C. BOWLEY NAME 2.2 NAME 111 RIVERSIDE AVE. SUITE 330 STREET ADORESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-7IP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 roport of supplymentant multiplication of the corporation of the receipt of the corporation of the receipt of 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 some address.

SIGNATURE:

**FILED** 

Apr 06 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable