

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003936 (1)**

1. Corporation Name

WESTERN GOLF PROPERTIES, INC.



Principal Place of Business: **7711 EAST GREENWAY ROAD SCOTTSDALE AZ 85260**
Mailing Address: **7711 EAST GREENWAY ROAD SCOTTSDALE AZ 85260**

3. Date Incorporated or Qualified: **07/27/1994** 3a. Date of Last Report: **02/17/1995**
4. FLI Number: **86-0500159** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
22. City & State: 27. City & State:
23. Zip: Country: 28. Zip: Country: **29** **30**

9. Name and Address of Current Registered Agent: **B&C COPROPRATE SERVICES OF CENTRAL FLORIDA, 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801**
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:

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: C DICKEY, VERDE V	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4340 N. 42ND AVE.		2. NAME:	
CITY-STATE: PHOENIX AZ 85019		3. STREET ADDRESS:	
TITLE: DP	<input type="checkbox"/> DELETE	4. CITY-STATE-ZIP:	
NAME: BLACK, JOE E		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7711 E. GREENWAY ROAD		6. NAME:	
CITY-STATE-ZIP: SCOTTSDALE AZ 85260		7. STREET ADDRESS:	
TITLE: DST	<input type="checkbox"/> DELETE	8. CITY-STATE-ZIP: 85019	
NAME: CURTAIN, JOHN S		9. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4340 N. 42ND AVE.		10. NAME:	
CITY-STATE-ZIP: PHOENIX AZ		11. STREET ADDRESS:	
TITLE: V	<input type="checkbox"/> DELETE	12. CITY-STATE-ZIP:	
NAME: KIZZIAR, MARK		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7711 E. GREENWAY ROAD		14. NAME:	
CITY-STATE-ZIP: SCOTTSDALE AZ 85260		15. STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		16. CITY-STATE-ZIP:	
NAME: <input type="checkbox"/> DELETE		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		18. NAME:	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		19. STREET ADDRESS:	
		20. CITY-STATE-ZIP:	
		21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		22. NAME:	
		23. STREET ADDRESS:	
		24. CITY-STATE-ZIP:	
		25. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		26. NAME:	
		27. STREET ADDRESS:	
		28. CITY-STATE-ZIP:	
		29. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		30. NAME:	
		31. STREET ADDRESS:	
		32. CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John S. Curtain* **John S. Curtain** 1-18-96 602 272 1347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)