


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90128 025 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006285

1. Corporation Name
TEAM CLASSIC GOLF SERVICES, INC.



Principal Place of Business
ONE PHIL RITSON WAY
WINTER GARDEN FL 34782
US

Mailing Address
P.O. BOX 690577
ORLANDO FL 32869
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 16301 PHIL RITSON WAY		26 16301 PHIL RITSON WAY		12/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3208255	
City & State		City & State		Applied For	
23 Winter Garden FL		28 Winter Garden FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34787		29 34787		X	
Country		Country		\$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				X Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RITSON, PHILIP V ONE PHIL RITSON WAY WINTER GARDEN FL 34782		81 Name Bruce Gerlander	
		82 Street Address (P.O. Box Number is Not Acceptable) 16301 PHIL RITSON WAY	
		83	
		84 City Winter Garden FL	
		85 Zip Code 34787	

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 Bruce Gerlander DATE 4-28-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITSON, PHILIP V	1.2 NAME	
STREET ADDRESS	ONE PHIL RITSON WAY	1.3 STREET ADDRESS	16301 PHIL RITSON WAY
CITY-ST-ZIP	WINTER GARDEN FL 34782	1.4 CITY-ST-ZIP	34787
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	OC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARWELL, CHARLES H	2.2 NAME	KEVIN FITZPATRICK
STREET ADDRESS	ONE PHIL RITSON WAY	2.3 STREET ADDRESS	1 CHASE MANHATTAN PLAZA 5TH FL
CITY-ST-ZIP	WINTER GARDEN FL 34782	2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10005
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	OP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASSILLA, JAMES P	3.2 NAME	Bruce Gerlander
STREET ADDRESS	ONE PHIL RITSON WAY	3.3 STREET ADDRESS	16301 PHIL RITSON WAY
CITY-ST-ZIP	WINTER GARDEN FL 34782	3.4 CITY-ST-ZIP	WINTER GARDEN, FL 34782
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITSON, MICHELLE	4.2 NAME	ELIZABETH TUCK
STREET ADDRESS	ONE PHIL RITSON WAY	4.3 STREET ADDRESS	1 CHASE MANHATTAN PLAZA-5TH FL
CITY-ST-ZIP	WINTER GARDEN FL 34782	4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10005
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, JAMES	5.2 NAME	JOEL HUMMER
STREET ADDRESS	ONE PHIL RITSON WAY	5.3 STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY-ST-ZIP	WINTER GARDEN FL 34782	5.4 CITY-ST-ZIP	NEW YORK, N.Y. 10005
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAYAMA, CHIYOKO	6.2 NAME	GARY KLEINMAN
STREET ADDRESS	ONE PHIL RITSON WAY	6.3 STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY-ST-ZIP	WINTER GARDEN FL 34782	6.4 CITY-ST-ZIP	NEW YORK, N.Y. 10005

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: Bruce Gerlander DATE 4-28-99 DAYTIME PHONE # 407-656-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)