

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H62239 (9)

1. Corporation Name
KISSIMMEE GOLF CLUB, INC.



Principal Place of Business 3103 FLORIDA COACH DRIVE KISSIMMEE FL 34741 US	Mailing Address 805 E. OAK STREET KISSIMMEE FL 34744-4576 US
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3. Date Incorporated or Qualified 06/17/1985	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 200 E MONUMENT AVE 27 STE A 28 KISSIMMEE FL 29 34741 30 OSCEOLA
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4. FEI Number 59-2560388	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WEST, GERALDINE 200 MONUMENT AVENUE SUITE A WATERFRONT SQUARE KISSIMMEE FL 34741
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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
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREIGHTON, DAVID T.	1.2 NAME	
STREET ADDRESS	16113 E. COURSE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWES, GEORGE S.	2.2 NAME	
STREET ADDRESS	503 BUSH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANCASTER ON	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YETMAN, MALCOLM G.	3.2 NAME	
STREET ADDRESS	637 OAKWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWES, LORRAINE E.	4.2 NAME	
STREET ADDRESS	503 BUSH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANCASTER ON	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YETMAN, DONNA M.	5.2 NAME	
STREET ADDRESS	637 OAKWOOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY ON	5.4 CITY-ST-ZIP	
TITLE		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	

14. I do 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.

SIGNATURE: Geraldine West 3-27-97 407-846-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #