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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

	MENT # <b>H6803</b>	30 (6)			
1. Corporation Name  CHARLOTTE HARBOR GOLFLAND, INC.					
ENGLEWOOD	RILLA PINES BLVD	Mailing Address 3120 GASPARILLA PINE ENGLEWOOD FL 34224 US	\$ BLVD	1 101101h 11:10 16:01 10:111 00:104 (41)	i SODI BIBIN RABII BIBIN BIBIN BIBIN BIBIN RABII
US				3. Date incorporated or Qualified 07/24/1985	3a. Date of Last Report 06/28/1995
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2552903	Not Applicable  \$8.75 Additional
Suite, Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Ζηρ	Country	8. This corporation has liability for	
	25	29	[30]		□No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New F	registered Agent
UVKS I	NAVID K			TO CO. Th. Market Mark Agent Agent	A. A.
OAKS, DAVID K. 252 W MARION AVE			82 Street Add	dress (P.O. Box Number is Not Acceptat	)-(-)
	GORDA FL 33950		83		
			<b>84</b> Oity		85 Zip Code
1. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above named corpo	pration submits this statement for the pu	rpose of changing its registered office
or register familiar wit GNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da, Such change was authorize ion 607,0505, Florida Statutes.	d by the corporation's boa	ard of directors. I hereby accept the app	iointnient as registered agent. I am
or register familiar wit GNATURE	ed agent, or both, in the State of Florinh, and accept the obligations of, Sect	da, Such change was authorize ion 607,0505, Florida Statutes.	s, the above named corpo d by the corporation's book b. Registered Apart Signature, respin	ard of directors. I hereby accept the app	rpose of changing its registered officintment as registered agent. I am  DATE FICERS AND DIRECTORS IN 12
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2/27/96 SIGNATURE: \_ NAME OF SURING OFFICER OR DIRECTOR

Distinct Shoot #