
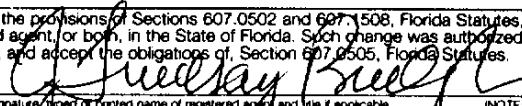


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # J12669 (4) 1. Corporation Name <p style="text-align: center;">METROWEST COUNTRY CLUB, INC.</p>																													
Principal Place of Business 2100 S. Hiwassee Road Orlando, FL 32835-6307			Mailing Address 2100 S. Hiwassee Road Orlando, FL 32835-6307																										
DO NOT WRITE IN THIS SPACE.																													
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 05/05/1986																									
21 Suite, Apt. #, etc. City & State Zip Country		26 Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 06/28/1995																									
22 City & State Zip Country		27 City & State Zip Country		4. FEI Number 59-2653699																									
23 City & State Zip Country		28 City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
24 City & State Zip Country		29 City & State Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
25 City & State Zip Country		30 City & State Zip Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent BUILDER, J. Lindsay, Jr. 390 N. Orange Avenue, Suite 1300 Orlando, FL 32801			10. Name and Address of New Registered Agent 81 Name J. Lindsay Builder, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 369 N. New York Avenue 83 84 City Winter Park FL 85 Zip Code 32789																										
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, for 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  Signature typed or printed name of registered agent and title if applicable			J. Lindsay Builder, Jr. 4/30/96 (NOTE: Registered Agent signature required when re-registering) DATE																										
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE T NAME JACKSON, James B., Jr. STREET ADDRESS 2100 S. Hiwassee Road CITY-ST-ZIP Orlando, FL 32835 </td> <td style="width: 50%; text-align: right;"> DELETE </td> </tr> <tr> <td> TITLE SD NAME BUILDER, J. Lindsay, Jr. STREET ADDRESS 390 N. Orange Avenue, Suite 1300 CITY-ST-ZIP Orlando, FL 32801 </td> <td style="text-align: right;">DELETE</td> </tr> <tr> <td> TITLE AS NAME GRINDSTAFF, Michael J. STREET ADDRESS 390 N. Orange Avenue, Suite 1300 CITY-ST-ZIP Orlando, FL 32801 </td> <td style="text-align: right;">DELETE</td> </tr> <tr> <td> TITLE PD NAME CHEBEIR, Camille STREET ADDRESS 2100 S. Hiwassee Road CITY-ST-ZIP Orlando, FL 32835 </td> <td style="text-align: right;">DELETE</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> </tr> </table>			TITLE T NAME JACKSON, James B., Jr. STREET ADDRESS 2100 S. Hiwassee Road CITY-ST-ZIP Orlando, FL 32835	DELETE	TITLE SD NAME BUILDER, J. Lindsay, Jr. STREET ADDRESS 390 N. Orange Avenue, Suite 1300 CITY-ST-ZIP Orlando, FL 32801	DELETE	TITLE AS NAME GRINDSTAFF, Michael J. STREET ADDRESS 390 N. Orange Avenue, Suite 1300 CITY-ST-ZIP Orlando, FL 32801	DELETE	TITLE PD NAME CHEBEIR, Camille STREET ADDRESS 2100 S. Hiwassee Road CITY-ST-ZIP Orlando, FL 32835	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 1.1 TITLE D/S/T 1.2 NAME JACKSON, James B., Jr. 1.3 STREET ADDRESS 2100 S. Hiwassee Road 1.4 CITY-ST-ZIP Orlando, FL 32835 </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td> 2.1 TITLE D/P 2.2 NAME PUGHE, T. Andrew 2.3 STREET ADDRESS 2100 S. Hiwassee Road 2.4 CITY-ST-ZIP Orlando, FL 32835 </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			1.1 TITLE D/S/T 1.2 NAME JACKSON, James B., Jr. 1.3 STREET ADDRESS 2100 S. Hiwassee Road 1.4 CITY-ST-ZIP Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE D/P 2.2 NAME PUGHE, T. Andrew 2.3 STREET ADDRESS 2100 S. Hiwassee Road 2.4 CITY-ST-ZIP Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			500001851304 -06/05/96--01018--029 ***200.00																										

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Jackson, Jr.

4/30/96

Date

407/299-8800

Daytime Phone #