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

Mailing Address

5803 GREENVILLE

DALLAS TX 75206

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

PROFIT **CORPORATION** ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

GREEN, W.T.

BUILDING 5

9301 W FT ISLAND TR

CRYSTAL RIVER FL 34429

Suite, Apt. #, etc.

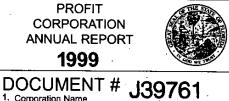
City & State

OTTER SPRINGS RESORT, INC.

Country

9030 WEST FORT ISLAND TRAIL

9. Name and Address of Current Registered Agent



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

10/28/1986

59-2732950

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

1/13/99

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

02-06-1999 90010 025 ***150.00

FILED

Feb 06, 1999 8:00am

Secretary of State

1 188()18 8188 (FILE 1851) (BRIG STIG) (185 BIBIC STREET STREET STREET STREET

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

TO A PROPERTY OF THE PARTY OF T

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

CRYSTAL RIVER FL 34429			· · · · · · · · · · · · · · · · · · ·			
	84	City	244 18 628 2 14 3	प्र २ ७३ ए पेड्रेड हैं है	85 Zip	Code
			poration submits this staten ion's board of directors. I he	nent for the purpose o ereby accept the appo	changing its intment as re	registered gistered
<u>.</u>						
		nt signature requir		DATE	-	
-			ADDITIONS/CHANG	SES TO OFFICERS A		
L'1 DETE LE	1		- 127,239		Change	- Addition
	1.2 NAME	ŀ				•
	1.3 STREET	T ADDRESS				ľ
	1.4 CITY-S	T-ZIP				
☐ DELETE	2.1 TTLE	İ			Change	☐ Addition
	2.2 NAME					1
	2.3 STREET	TADDRESS	•			
	2.4 CITY-\$	ST-ZIP	•	. "	•	-
□ DELETE	3.1 TITLE		*-		☐ Change	Addition
	3.2 NAME				_	_
	3.3 STREET	ADDRESS	4.			
	3.4. CITY-S	ST-ZIP		的。這是這樣的對		
DELETE	4.1 TITLE			4 6 73 24 16 12 18 1	□ Change	[7] Addition
	4.2 NAME				. <u> </u>	, , G, nogicon j
	1	TANDRESS				
*					•	ł
DELETE		1-21		•	Change	☐ Addition
	5.2 NAME				⊢i cuauθe	E Addition }
	53 STREET	ADDRESS				
DELETE	1					
					∟] Change	Addition
		4000000]
	6.3 STREET	ADDRESS	•			İ
	DELETE DELETE	8, Florida Statutes, the above high change was authorized by in 607.0505, Florida Statutes iii. (NOTE: Registered Age 13. 13. 11.1 ITILE 12.NAME 13.3 STREE 14. CITY-S 24. CITY-S 33. STREE 44. CITY-S 14. TITLE 4.2 NAME 43. STREE 44. CITY-S 52. NAME 53. STREE 54. CITY-S 51. TITLE 52. NAME 53. STREE 54. CITY-S 54. TITLE 55. NAME 56. NAME 56. NAME 66. NAME	8, Florida Statutes, the above-named corn h change was authorized by the corporation 607.0505, Florida Statutes. In the corporation of the corpor	8, Florida Statutes, the above-named corporation submits this stater in change was authorized by the corporation's board of directors. I him 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 13. ADDITIONS/CHANC	B, Florida Statutes, the above-named corporation submits this statement for the purpose of his change was authorized by the corporation's board of directors. I hereby accept the appoint 607,0505, Florida Statutes. In the corporation's board of directors. I hereby accept the appoint 607,0505, Florida Statutes. In the corporation's board of directors. I hereby accept the appoint 607,0505, Florida Statutes. In the corporation's board of directors. I hereby accept the appoint 607,0505, Florida Statutes. DATE In the corporation's board of directors. I hereby accept the appoint 607,0505, Florida Statutes. DATE 13. ADDITIONS/CHANGES TO OFFICERS A ADDITIONS/CHANG	S

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 eath; 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.

Country

81

82

30