

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:06

DOCUMENT # L44164 (6)

1. Corporation Name

**D.T. PALM SPRINGS INTER-CONTINENTAL GOLF CENTER,
INC.**

Principal Place of Business

**C/O STEPHEN J. MITCHELL
201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

Mailing Address

**C/O STEPHEN J. MITCHELL
201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2988421

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

24

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J.
201 NORTH FRANKLIN STREET
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DET
THAN, ROLF
24 AVE PRINCESSE GRACE
MONTE CARLO, MONACO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DEYHLE, ROLF
PLIENIGNER STRASSE 100
STUTTGART, GERMANY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
KARGEL UWE
KURFUERSTENDAMM 36
BERLIN, GERMANY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MITCHELL, STEPHEN J
201 N FRANKLIN ST #2100
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 elected or appointed as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Mitchell, Vice President

1/25/95

813-229-3321