

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L44164 (6)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

01/18/1990

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DET	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAN, ROLF	1.2 NAME	
STREET ADDRESS	24 AVE PRINCESSE GRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTE CARLO, MONACO	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEYHLE, ROLF	2.2 NAME	
STREET ADDRESS	PLIENIGNER STRASSE 100	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUTTGART, GERMANY	2.4 CITY - ST - ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARGEL UWE	3.2 NAME	
STREET ADDRESS	KURFUERSTENDAMM 36	3.3 STREET ADDRESS	
CITY - ST - ZIP	BERLIN, GERMANY	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEPHEN J	4.2 NAME	
STREET ADDRESS	201 N FRANKLIN ST #2100	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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, and in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(813) 229-3321

CR2E034 (12/95)