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**Jan 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **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 33602-5813**

3. Date Incorporated or Qualified: **01/18/1990** 3a. Date of Last Report: **02/12/1996**

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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **DET** DELETE NAME: **THAN, ROLF**

STREET ADDRESS: **24 AVE PRINCESSE GRACE**

CITY-ST-ZIP: **MONTE CARLO, MONACO**

TITLE: **DP** DELETE NAME: **DEYHLE, ROLF**

STREET ADDRESS: **PLIENIGNER STRASSE 100**

CITY-ST-ZIP: **STUTTGART, GERMANY**

TITLE: **VPS** DELETE NAME: **KARGEL UWE**

STREET ADDRESS: **KURFUERSTENDAMM 36**

CITY-ST-ZIP: **BERLIN, GERMANY**

TITLE: **VP** DELETE NAME: **MITCHELL, STEPHEN J**

STREET ADDRESS: **201 N FRANKLIN ST #2100**

CITY-ST-ZIP: **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY-ST-ZIP: _____

21 TITLE: Change Addition

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY-ST-ZIP: _____

31 TITLE: Change Addition

32 NAME: _____

33 STREET ADDRESS: _____

34 CITY-ST-ZIP: _____

41 TITLE: Change Addition

42 NAME: _____

43 STREET ADDRESS: _____

44 CITY-ST-ZIP: _____

51 TITLE: Change Addition

52 NAME: _____

53 STREET ADDRESS: _____

54 CITY-ST-ZIP: _____

61 TITLE: Change Addition

62 NAME: _____

63 STREET ADDRESS: _____

64 CITY-ST-ZIP: _____

14. I do 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 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.

SIGNATURE: *[Signature]* Date: **1/7/97** Daytime Phone: **(813) 229-3321**

CFR2E034 (9/96)