

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	c/o Stephen J. Mitchell	01/18/1990	
22	City & State	27	P.O. Box 3433	4. FEI Number	
23	Zip	28	Tampa, FL	59-2988421	
24	Country	29	33601	Applied For	
		30	USA	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MITCHELL, STEPHEN J. 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33802				<input type="checkbox"/> \$8.75 Additional Fee Required	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

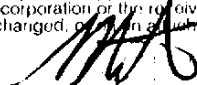
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83			
84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DET	1.1 TITLE	D/V/T
NAME	THAN, ROLF	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	V/S
NAME	KARGEL UWE	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	KURFUERSTENDAMM 36	3.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN, GERMANY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	V
NAME	MITCHELL, STEPHEN J	4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 in an amendment with an address

SIGNATURE:  **Stephen J. Mitchell** 813-229-3321

CR2E034 (10/97)