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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 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	5. Certificate of Status Desired	
25		30	USA	<input type="checkbox"/> \$8.75 Additional Fee Required	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DET	1.1 TITLE	D/V/T
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	
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	
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	
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	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)