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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90079 028 ***150.00

U30304

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L44164**

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

Principal Place of Business Mailing Address
 C/O STEPHEN J. MITCHELL C/O STEPHEN J. MITCHELL
 201 NORTH FRANKLIN STREET, SUITE 2100 P.O. BOX 3433
 TAMPA FL 33602 TAMPA FL 33601
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1990

4. FEI Number Applied For
59-2988421 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	THAN, ROLF	
STREET ADDRESS	24 AVE PRINCESSE GRACE	
CITY-ST-ZIP	MONTE CARLO, MONACO	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEYHLE, ROLF	
STREET ADDRESS	PLIGNER STRASSE 100	
CITY-ST-ZIP	STUTT GART, GERMANY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KARGEL UWE	
STREET ADDRESS	KURFUERSTENDAMM 36	
CITY-ST-ZIP	BERLIN, GERMANY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN J	
STREET ADDRESS	201 N FRANKLIN ST #2100	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen J. Mitchell* **Stephen J. Mitchell, VP** 1-11-99 813/229-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)