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 # L76485 (6)

1. Corporation Name

SALA'S GOLF RESORT FLORIDA, INC.

Principal Place of Business

~~1031 W MORSE BLVD.~~, SUITE 200
P.O. ~~DRAWER 2366~~
~~WINTER PARK FL 32790~~

Mailing Address

1031 W MORSE ~~BLVD~~., SUITE 200
P.O. ~~DRAWER 2366~~
WINTER ~~PARK FL~~ 32790

3. Date Incorporated or Qualified: 05/25/1990
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-3020672 ☐ 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	2a. Mailing Address
21 QUAIL Ridge Golf & C.C.	26 QUAIL RIDGE Golf & C.C.
Suite, Apt. #, etc. 22 12830 SHADY Hills Rd	Suite, Apt. #, etc. 27 12830 SHADY Hills Rd
City & State 23 SPRING Hill Fl.	City & State 28 SPRING Hill Fl.
Zip 24 34610 Country 25 PASCO	Zip 29 34610 Country 30 PASCO

9. **Name and Address of Current Registered Agent**

MARLOWE, MICHAEL L.
1031 W MORSE BLVD., SUITE 105
WINTER PARK FL 32789

10. **Name and Address of New Registered Agent**

81 Name MEHRDAD DARVISH
82 Street Address (P.O. Box Number is Not Acceptable) 12830 SHADY Hills Rd
83 SPRING Hill Fl.
84 City FL 85 Zip Code 34610

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 Mehrdad Darvish DATE 4/20/96

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD — PD	☐ DELETE
NAME	MARLOWE, MICHAEL L	
STREET ADDRESS	1031 W MORSE BLVD #105	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	☐ DELETE
NAME	MEHRDAD DARVISH	
STREET ADDRESS	12830 SHADY Hills Rd	
CITY-ST-ZIP	SPRING Hill Fl. 34610	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	100001824211	
4.3 STREET ADDRESS	-05/16/96--01030--019	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/17/96

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Mehrdad Darvish 4/20/96 (813) 996-7045

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