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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

% WEN Y. CHUNG 4924 FRUITVILLE ROAD SARASOTA FL 34232

The state of the s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L82457

Mailing Address

% WEN Y. CHUNG 4924 FRUITVILLE ROAD SARASOTA FL 34232

GOLF GREEN OF CAPRI, INC.

FILED				
Apr 08 1998 8:00am				
Secretary of State				

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	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualified				
	06/22/1990				
	4. FEI Number	Applied For			

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		06/22/1990	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For	
1	26	65-0198311 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees	
Zip Country 25	29 30	This corporation dwas of that paid the current year invarigation	
g, Name and Addres	of Current Registered Agent	10. Name and Address of New Registered Agent	
CHUNG, WEN 1.		81 Name	
4924 FRUITVILLE RD SARASOTA FL 34232		82 Street Address (P.O. Box Number is Not Acceptable)	
		63	
		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							
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	CHUNG, WEN Y.	1.2 NAME					
STREET ADDRESS	4924 FRUITVILLE RD	1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL	1.4 CITY - ST - ZIP					
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY+ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		62 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
0.00 / 0.00							

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.

SIGNATURE:

WEN Y. CHUNOS

X/2/98

(941)379-3300