

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

|                                                          |                                                                                   |                                                                                                    |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

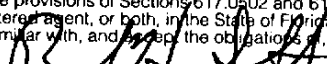
|                                                           |        |     |
|-----------------------------------------------------------|--------|-----|
| DOCUMENT #                                                | N02475 | (4) |
| 1. Corporation Name<br><b>JACKSONVILLE SKI CLUB, INC.</b> |        |     |

|                                                                              |                                                                  |
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| Principal Place of Business<br><b>P.O. BOX 875<br/>JACKSONVILLE FL 32201</b> | Mailing Address<br><b>P.O. BOX 875<br/>JACKSONVILLE FL 32201</b> |
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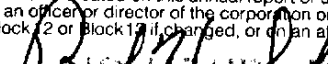


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|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>04/11/1984</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3308912</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                               |                                                        |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                                          |  |                                                                                    |                                |
|--------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CHANCEY, BETH<br/>11418 DRAKEWOOD CT<br/>JACKSONVILLE FL 32223</b> |  | 10. Name and Address of New Registered Agent                                       |                                |
|                                                                                                                          |  | 81 Name<br><b>Smith, Raymond H.</b>                                                |                                |
|                                                                                                                          |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>5666 Flagstaff Rd.</b> |                                |
|                                                                                                                          |  | 83                                                                                 |                                |
|                                                                                                                          |  | 84 City<br><b>Jacksonville</b>                                                     | 85 Zip Code<br><b>FL 32207</b> |

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| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. |                                                           |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                 | <b>Raymond H. Smith, Treasurer/Director</b> June 12, 1996 |
| (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |

|                            |                                                                          |                                                       |                                                                                                      |
|----------------------------|--------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                      |
| TITLE                      | PD<br>CHANCEY, BETH<br>11418 DRAKEWOOD CT<br>JACKSONVILLE FL 32223       | 1.1 TITLE                                             | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | DAVIS, HAL<br>2223 HERSCHEL STREET<br>JACKSONVILLE FL 32204              | 1.2 NAME                                              | Chancey, Beth                                                                                        |
| STREET ADDRESS             | RICHARDSON, DEBORAH<br>4302 PLAZA GATE LN. #202<br>JACKSONVILLE FL 32217 | 1.3 STREET ADDRESS                                    | 11418 Drakewood Ct.                                                                                  |
| CITY-ST-ZIP                | ALEXANDER, CHARLENE<br>1236 EUTAW PLACE<br>JACKSONVILLE FL               | 1.4 CITY-ST-ZIP                                       | Jacksonville, FL 32223                                                                               |
|                            | PULLO, LARRY<br>P.O. BOX 974 N/A<br>JACKSONVILLE FL 32201                | 2.1 TITLE                                             | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
|                            | MARISON, KATHY<br>1784 BARLETT AVE.<br>ORANGE PARK FL 32073              | 2.2 NAME                                              | Davis, Hal                                                                                           |
|                            |                                                                          | 2.3 STREET ADDRESS                                    | 2223 Herschel Street                                                                                 |
|                            |                                                                          | 2.4 CITY-ST-ZIP                                       | Jacksonville, FL 32204                                                                               |
|                            |                                                                          | 3.1 TITLE                                             | Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
|                            |                                                                          | 3.2 NAME                                              | Smith, Raymond H.                                                                                    |
|                            |                                                                          | 3.3 STREET ADDRESS                                    | 5666 Flagstaff Road                                                                                  |
|                            |                                                                          | 3.4 CITY-ST-ZIP                                       | Jacksonville, FL 32207                                                                               |
|                            |                                                                          | 4.1 TITLE                                             | Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
|                            |                                                                          | 4.2 NAME                                              | Willmore, Nancy                                                                                      |
|                            |                                                                          | 4.3 STREET ADDRESS                                    | 1842 Bolton Abbey Lane                                                                               |
|                            |                                                                          | 4.4 CITY-ST-ZIP                                       | Jacksonville, FL 32223                                                                               |
|                            |                                                                          | 5.1 TITLE                                             | Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                            |                                                                          | 5.2 NAME                                              | Lee, Ann                                                                                             |
|                            |                                                                          | 5.3 STREET ADDRESS                                    | 706 Cedar Court                                                                                      |
|                            |                                                                          | 5.4 CITY-ST-ZIP                                       | Neptune Beach, FL 32266                                                                              |
|                            |                                                                          | 6.1 TITLE                                             | Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                          | 6.2 NAME                                              | Marison, Kathy                                                                                       |
|                            |                                                                          | 6.3 STREET ADDRESS                                    | 1784 Bartlett Avenue                                                                                 |
|                            |                                                                          | 6.4 CITY-ST-ZIP                                       | Orange Park, FL 32073                                                                                |

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| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |                                                                          |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Raymond H. Smith, Treasurer/Director</b> June 12, 1996 (904) 358-7344 |

|                                                                                                                   |  |                       |                                   |
|-------------------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------------------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Raymond H. Smith, Treasurer/Director</b> |  | Date<br>June 12, 1996 | Daytime Phone #<br>(904) 358-7344 |
|-------------------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------------------------|

CR2E037 (3/96)