


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90059 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25572					
1. Corporation Name SOUTHWEST FLORIDA SENIOR GOLF GROUP, INC.					
Principal Place of Business C/O KEN YOUNG 15321 TWEEDALE CIRCLE FT. MYERS FL 33912-2404			Mailing Address P.O. BOX 07280 FT. MYERS FL 33912		



2. Principal Place of Business 21 C/O KATHY SMITH Suite, Apt. #, etc. 22 1453 DAVIS DRIVE City & State 23 FT MYERS, FL Zip 24 33919 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/24/1988 4. FEI Number 65-0043988 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent YOUNG, KEN 15321 TWEEDALE CIRCLE FT. MYERS FL 33912				10. Name and Address of New Registered Agent 81 Name KATHY SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 1453 DAVIS DRIVE 83 84 City FT. MYERS FL 85 Zip Code 33919			
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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 Kathy Smith - KATHY SMITH DATE 1-11-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, KEN			1.2 NAME			
STREET ADDRESS	15321 TWEEDALE CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RITTER, TED			2.2 NAME			
STREET ADDRESS	15520 KILMARNOCK DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEY, BILL			3.2 NAME			
STREET ADDRESS	5690 TRAILWINDS DR #614			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KATHY			4.2 NAME			
STREET ADDRESS	1453 DAVIS AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 617, 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: Kathy Smith **SIGNATURE REQUIRED** KATHY SMITH DATE 1-11-99 (941) 275-9749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)