FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **P19324** **(3)**

1\. Corporate Name
GOLF COURSE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1296 HEMPEL AVE. P. O. BOX 150 GOTHA FL 34734-0150	1296 HEMPEL AVE. P. O. BOX 150 GOTHA FL 34734-0150

3\. Date Incorporated or Qualified: **05/20/1988**
3a. Date of Last Report: **04/07/1994**
4\. FEI Number: **59-2887493** — 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

2\. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PRENTICE HALL LEGAL & FINANCIAL SERVICES
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	HARMAN, DAVID S
STREET ADDRESS	2926 MIDSUMMER DR
CITY-ST-ZIP	WINDERMERE FL
TITLE	SD
NAME	UMMER, JAMES W
STREET ADDRESS	200 WOODLAND FARMS RD.
CITY-ST-ZIP	PITTSBURG PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] 4/26/95 407-298-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0462023 FP