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

PROFIT CORPORATION ANNUAL REPORT

1998

WUENSCHEL, KURT D

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010081 (7)

INTERNATIONAL GOLF & TENNIS, INC. Principal Place of Business Mailing Address 2180 US HWY 1 8 2180 US HWY 1 S ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3153775 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 一個の動物 教をなれたから、世界の人をはいいのはないのであれている Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

FILED Apr 30 1998 8:00am Secretary of State



Applied For

Fee Required

Not Applicable

2180 US HWY 1 S 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32086 83 **B4** City Zip Code 85 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, typod or profed name of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS DELETE Change Addition TITLE 1.1 TITLE DPS WUENSCHEL, KURT D 1.2 NAME NAME WUENSCHEL, KURT D 8200-47 HWY A-1-A STREET ADDRESS 1.3 STREET ADDRESS 423 Marsh Point Circle **ST AUGUSTINE FL 32086** CITY-ST-ZIP 1.4 CITY-ST-ZIP St. Augustine, FL 32084 DELETE ☐ Addition TITLE 21 TITLE **SCHAEFER, JAMES A** NAME 2.2 NAME SCHAEFER, JAMES A 364 Marsh Point Circle **1820 SE 4TH ST** STREET ADDRESS 2.3 STREET ADDRESS St. Augustine, FL 32084 FT LAUDERDALE FL 33301 CITY-ST-ZIP 2. 4 CITY - ST- 2IP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 6.1 TITLE 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 suppliemental 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 changer, or on an attachment withan address

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