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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012539 (2)

HUNTER'S ORLANDO, INC.

Principal Place	e of Business	Mailing Address	'			·					
14401 SPORTS ORLANDO FL 3 US	CLUB WAY	-	1401 SPORTS CLUB WAY DRIANDO FL 32837-6902		,						
							3. Date incorporated or Qualified 12/17/1992		ate of Last Re 21/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address					4, FEI Number 59-3154987			plied For . It Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State		City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
^{Zip} 328		Zip 29	30 Cou	untry				Yes [] No	199.032,	
	g, Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of New Re	gistered	Agent		
	AN, THOMAS	mar .			Mallie	<u>.</u>					
C/O HUNTER'S CREEK GOLF COURSE 14401 SPORTS CLUB WAY					Street A	ddre	ess (P.O. Box Number is Not Acceptat	ole)			
ORLANDO FL 32837				83				/ - /			
				84	City				85 Zip (Code	
		3			٠,	_		<u>FL</u>	. ` .		
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607 1508, Florida Statu te of Florida, Such change was	ites, the a	bove d by	the corn	corpo	oration submits this statement for the ponts board of directors. I hereby acce	ourpose of	changing it	s registered registered	
agent I a	m familiar with, and accept the obli	gations of Section 607.0505, F	lorida Sta	tutes		7	on's board of directors. I hereby acce				
SIGNATURE	Thomas Gavar	₹	TE: Bosiete	l	ot signature		when relistating)	DATE	1 <u>-13-9</u>	7	
12.		ND DIRECTORS	13.	5 A.O.	nt signature	TO TO THE	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
THTLE	PTSD	DELETE	1.1 T	ITLE					x Change	Addition	
NAME	HATTORI, TADASHI		1.2 N	IAME							
STREET ADDRESS	350 FIFTH AVE., SUITE 4201		1.3 S	TREET	ADDRESS	5.	55 Fifth Avenue,	10th	Floor	r	
CITY - S1 - ZIP	NEW YORK NY			ITY-S	T-ZIP	N	ew York, NY 100	17		· · · · · · · · · · · · · · · · · · ·	
TOLE		☐ DELETE	2.1 T		F				Change	Addition	
NAME			2.2 N								
STREET ADDRESS					ADDRESS				٠		
CITY-ST-7:P		DELETE	2. 4 3.1 J	_	ST-ZiP				Change	Addition	
NAMÉ		brand Private In	3.2 6								
STREET ADDRESS		•			ADDRESS						
CITY-SI-ZIP			- 1		ST-ZIP						
TITLE		☐ DELETE	4.1 T					 	Change	Addition	
NAME			4. 2	NAME				1			
STREET ADDRESS			4.3 \$	TREET	ADDRESS						
CITY-ST-ZIP					T-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	5.11						Change	Addition Addition	
NAME			5.21	AME							
STREET ADDRESS			1		ADDRESS						
CITY - S1 - ZIP		T britte	****		T-ZIP					# # # # # # # # # # # # # # # # # # #	
TOLE		☐ DELETE	611						Change	Addition	
NAME .			1	IAME	-						
STREET ADDRESS			6.3.5	TREET	ADDRESS						

14. I do 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

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed or on an attachment with an address

/13/917 \$ (407) 240-600

FILED

Feb 14 1997 8:00am

Secretary of State

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