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

Mailing Address

4545 PLEASANT HILL ROAD

KISSIMMEE FL 34759-3400

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4545 PLEASANT HILL ROAD

appears in Block 12 or Block

SIGNATURE:

STE. 114



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080530 (7)

MARION CREEK HUNT CLUB, INC.

KISSIMMEE FL 34759 3a. Date of Last Report 3. Date Incorporated or Qualified 11/17/1993 04/29/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-3212507 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \mathbf{X} 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Zip Country This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, MARGARET H 4545 PLEASANT HILL ROAD Street Address (P.O. Box Number is Not Acceptable) 82 STE - 114 83 **KISSIMMEE FL 34759** Zip Code 84 City 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typeid or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1.1 TOLE THEF FISCHER, LOUIS E 1.2 NAME NAME 4545 PLEASANT HILL ROAD STE. 114 1.3 STREET ADDRESS STHEET ADDRESS KISSIMMEE FL 34759 1.4 CITY - ST- 2IP CITY-ST-ZIE Addition Change DELETE 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CHTY - ST - ZH Change Addition DELETE 3.1 TITLE FITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TULE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition Change DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CCTY - S1 - 7IF Addition DELETE 61 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CHY-ST-7IP mation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the interport is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that cornoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if the langed or on an attachment with an address. I do hereby certify that the info information indicated on this a

Louis E. Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

FILED May 02 1997 8:00am Secretary of State

<u>407/847-9700</u>

