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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # **P94000019010 (5)**

1. Corporation Name
GIC GOLF CO.

Principal Place of Business	Mailing Address
33 E. ROBINSON ST. SUITE 100-A ORLANDO FL 32801	33 E. ROBINSON ST. SUITE 100-A ORLANDO FL 32801-1629

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 SUITE 202	Suite, Apt. #, etc. 27 SUITE 202
City & State 23	City & State 28
Zip / 24 — Country / 25	Zip / 29 — Country / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1994	05/01/1996

4. FEI Number: 59-3229836 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARTYKA, PAUL P 33 E. ROBINSON ST. SUITE 100-A ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 202 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 _____ DATE
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	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OYER, LEE	1.2 NAME	
STREET ADDRESS	183 RIVERWOODS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	P/S/T ☒ Change ☐ Addition
NAME	PARTYKA, PAUL P	2.2 NAME	
STREET ADDRESS	33 E. ROBINSON ST., SUITE 100-A	2.3 STREET ADDRESS	33 E. ROBINSON ST., SUITE 202
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBER, MICHAEL	3.2 NAME	
STREET ADDRESS	100 W KENNEDY BLVD SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	~~D~~ ☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	~~KEVIN SMYTH~~	4.2 NAME	KEVIN SMYTH.
STREET ADDRESS		4.3 STREET ADDRESS	8816 LAKE SHEEN CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	~~D~~ ☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	~~PETER A. ANDERSON~~	5.2 NAME	PETER A. ANDERSON
STREET ADDRESS		5.3 STREET ADDRESS	1760 SENECA BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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

SIGNATURE: [signature] PRESIDENT 3/28/97 407-246-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #