


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90009 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000019010					
1. Corporation Name GIC GOLF CO.					
Principal Place of Business 33 E. ROBINSON ST. 202 ORLANDO FL 32801 US			Mailing Address 33 E. ROBINSON ST. 202 ORLANDO FL 32801 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/11/1994 4. FEI Number 59-3229836 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARTYKA, PAUL P 33 E. ROBINSON ST. STE #202 ORLANDO FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OYER, LEE	1.2 NAME			
STREET ADDRESS	183 RIVERWOODS DR.	1.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL 32 32766	1.4 CITY-ST-ZIP			
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARTYKA, PAUL P	2.2 NAME			
STREET ADDRESS	33 E ROBINSON ST, #202	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER, MICHAEL	3.2 NAME			
STREET ADDRESS	13906 TERN LANE	3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33762	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMYTH, KEVIN	4.2 NAME			
STREET ADDRESS	8816 LAKE SHEEN CT	4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	4.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, PETER A	5.2 NAME			
STREET ADDRESS	1760 SENECA BLVD.	5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32801	5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

407-359-2770

Date

Daytime Phone #

CR2E034 (1/98)

0089594