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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400031366 (5)

U.S. GOLF (PLANTATION), INC.

Principal Place of Business Mailing Address										
255 S. ORANGE AVE., SUITE 1515 255 S. ORANGE AVE., SUIT ORLANDO FL 32801 ORLANDO FL 32801-3462					5					
							3. Date Incorporated or Qualified		te of Last Ro	eport
		12		,			04/25/1994	06/1	18/1996	
├	Place of Business	 -	ng Address				4. FEI Number			plied For
Suite, Apt	# etc	26 Suite	Apt. #, etc.				59-3266049		\$8.75 A	t Applicable
22	6, 610.	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5. Certificate of Status Desired		Fee Re	
City & Sta	te		& State				6. Election Campaign Financing		\$5.00	Mav Be
23		28					Trust Fund Contribution		Added t	
Zip	Country	Zip			ountry	,	8. This corporation has liability for			. 199.032,
24	25	[29]	A	30			Florida Statutes	Yes _		
	9. Name and Address of Curr	ent Hegistered	Agent		81	Name	10. Name and Address of New I	segistered A	.gent	·
	INCHINA, WARREN J	_				INGILIO				
255 S. ORANGE AVE., SUITE 1515					82 Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32801				83					
l					L					
]					84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	08, Florida Statul	es, the	above	e-named c	orporation submits this statement for the		changing it	s registered
office or	registered agent, or both, in the Sta	ate of Florida, Su ligations of Sect	ich change was ion 607 0505 El	authori; orida S	zed by	the corpo	orporation submits this statement for the oration's board of directors. I hereby acc	ept the app	ointment as	registered
] -	and a small with and account the op-	ilganoria or, occi	10/1 001.0000, 11	0,100 0	ia(oro.					
SIGNATURE	Signature, typicd or printed name of registered	agent and bite if applic	able (NO	E: Regist	ered Age	ant signature re	equired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	-	1:	3.		ADDITIONS/CHANGES TO OFF	ICERS AND	·	
Tillet	PD		☐ DELETE	1.1	TITLE	ŀ			☐ Change	Addition
NAME	STANCHINA, WARREN J				2 NAME					
STREET ADDRESS	PAC OF GLASSICE LISTS AND	E 1515				ADDRESS				
City-St-7P	ORLANDO FL		DELETE	_	CITY-S	ST - ZIP			Character	1 dation
7111.6	ST AND THE PARTY IN THE		☐ DELETE		TITLE	ŀ			☐ Change	Addition
NAME CAMECA ANDRESCE	STANCHINA, MARY LYNN	T 4545			2 NAME	4000000			*	
STREET ADDRESS		E 1010				ADORESS				
CITY - ST - ZIP	ORLANDO FL D		DELETE		4 CITY-	91- <u>4</u> 11			Change	Addition
NAME	DUEREN, WOLFGANG G			- 1	2 NAME	}				
STREET ADDRESS						ADDRESS				
CITY - \$1 - ZIP	WINTER GARDEN FL			4	i. City-:					
TILLE	71111 Ed 1 NV V NC ED 1 1 1 2		DELETE		TITLE				Change	Addition
NAME				4.	2 NAME	1				
STREET ADDRESS				43	3 STREET	ADDRESS				
CITY-SI-ZiP				4	4 CITY - S	ST-Z#P				
THILE			DELETE		TITLE				☐ Change	Addition
NAME				5.2	2 NAME]				
STREET ADDRESS				5.3	3 STREET	ADDRESS				
CHY-ST-ZIP				5.4	CITY-S	ST-ZIP				

6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

TITLE NAME

STREET ADDRESS

City - St-ZiP

DELETE

Change

☐ Addition

FILED

May 02 1997 8:00am

Secretary of State