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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000036959 (2)

FILED Apr 07 1998 8:00am Secretary of State

VAN W	art Championship Gol	F, INC			
Principal Place	e of Business	Mailing Address		- E LOBRIDDO 154 INCLIS ACURI ABRIL ABRIL ADDIC SA IND RITER BIRIN ININC MISIN FRI	12 5001
4 MEADOW RIDGE VIEW 4 MEADOW RIDGE VIEW					
ORMOND BEACH FL 32174 ORMOND BEACH FL 321			2174	DO NOT WRITE IN THIS SPACE	
00		DO		3. Date Incorporated or Qualified	
				05/17/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied	d For
21		26			policable
Suite, Apt.	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired \$8.75 Addit	
22 City & State		City & State		Fee Require	
City & State	e	harring and the second		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Ζφ	Country	7ip	Country	8. This corporation owes or has paid the current year Intangi	
24	25	29	30	Personal Property Tax due June 30. X Yes \(\square\) No	
	g. Name and Address of Curre			10. Name and Address of New Registered Agent	
	N WART, JOHN		B1 Name		
4 MEADOW RIDGE VIEW			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OR	MOND BEACH FL 32174				
			83		
			84 City	■■ 85 Zip Code	0
				FL 18 20 Code	
office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the Stat im familiar with, and accept the obli-	ouz and 607.1508, Florida Statu to of Florida. Such change was gations of, Section 607.0505, F	utes, the above-hamed collision authorized by the corporational Statutes.	rporation submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as regis	stered
SIGNATURE	Signature, typoid or pended name of repertend a	areat and title if exhibition the INC	Hegistered Agent signature requirement	uired when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	J 12
TITLE	PSD	DELETE	1.1 TITLE		Addition
NAME	van wart, John		1.2 NAME		
STREET ADDRESS	450 LAKE BRIDGE DR APT	306	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1 4 CITY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE	Change	Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		Libriere	2.4 CITY-ST-ZIP		Addition
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME CIPCET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-\$1-7IP 4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5 1 THLE	☐ Change ☐	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐	Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby cortify 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 of 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 chapter 4, or on an attachment with an address.

4-3-98