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

NAME

STREET ADDRESS

SIGNATURE:

FILED Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P94000050889 (2) B.C. GOLF, INC. Principal Place of Business Mailing Address 121 TURNBERRY DRIVE 121 TURNBERRY DRIVE ATLANTIS FL 33462 ATLANTIS FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0505947 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 30 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SEVERSON, JOHN M 140 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 205 63 PALM BEACH FL 33480 84 City B5 | 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE COLLINS, ROBERT M NAME 1.2 NAME 121 TURNBERRY DRIVE STREET ADDRESS 1.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITL F FOX, ALICIA 2.2 NAME NAME 1370 BREAKERS WEST BLVD 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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. ROBERT M. COUINS 4/2/83

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP