FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -4 PM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085942 (8)

1. Corporation Name
FGH JOG PALMS, INC.

Principal Place of Business
% KENNETH P. WURTENBERGER, P.A
2875 SOUTH UNIVERSITY DR.
DAVIE FL 33328

Mailing Address
% KENNETH P. WURTENBERGER, P.A
2875 SOUTH UNIVERSITY DR.
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0566384 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: KENNETH P. WURTENBERGER, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): KENNETH P. WURTENBERGER, P.A.
83 2875 South University Drive
84 City: Davie FL 85 Zip Code: 33328

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] KENNETH P. WURTENBERGER, ESQUIRE
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELSHER, GARY
STREET ADDRESS	% 2875 S. UNIVERSITY DR.
CITY ST ZIP	DAVIE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D/VP/S	[X] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE	P/T	[ ] Change [X] Addition
2 2 NAME	MICHAEL FELSHER	
2 3 STREET ADDRESS	C/O 2875 South University Drive	
2 4 CITY ST ZIP	Davie, Florida 33328	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE	300001478813	[ ] Change [ ] Addition
4 2 NAME	-05/08/95--01023--012	
4 3 STREET ADDRESS	*****96.25 *****96.25	
4 4 CITY ST ZIP		
5 1 TITLE	300001478813	[ ] Change [ ] Addition
5 2 NAME	-05/08/95--01023--013	
5 3 STREET ADDRESS	*****26.25 *****26.25	
5 4 CITY ST ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP	TJS. 5/4/95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY FELSHER

4/28/95
Date

305-473-1177
Daytime Phone#