

4-3-41 B 8280 C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086621 (7)

1. Corporation Name  
MJR GOLF ASSOCIATES, INC.

Principal Place of Business  
851 SOUTH BAYWAY BLVD.  
SUITE 905  
CLEARWATER BEACH FL 34630-2625

Mailing Address  
851 SOUTH BAYWAY BLVD.  
SUITE 905  
CLEARWATER BEACH FL 34630-2625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4132 AMBER LANE Suite, Apt. #, etc. 22		2a. Mailing Address 26 4132 AMBER LANE Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 08/09/1996
23 City & State PALM HARBOR, FLA Zip 34685 Country USA		28 City & State PALM HARBOR, FLA Zip 34685 Country USA		4. FEI Number 59-3279088	Applied For Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAYNOR, MARK J 851 SOUTH BAYWAY BLVD. STE. 905 CLEARWATER FL 34630		10. Name and Address of New Registered Agent 81 Name MARK S. RAYNOR 82 Street Address (P.O. Box Number is Not Acceptable) 4132 AMBER LANE 83 84 City PALM HARBOR FL 85 Zip Code 34685	
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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  MARK J. RAYNOR, PRESIDENT 08.26.97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYNOR, MARK J 851 SOUTH BAYWAY BLVD. STE. 905 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P MARK J. RAYNOR 4132 AMBER LANE PALM HARBOR, FLA 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYNOR, MICHAEL 851 SOUTH BAYWAY BLVD., STE. 905 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP MICHAEL RAYNOR 4132 AMBER LANE PALM HARBOR, FLA 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYNOR, KERRY J 851 S. BAYWAY BLVD., STE. 905 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP KERRY J. RAYNOR 4132 AMBER LANE PALM HARBOR, FLA 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAYNOR, JUSTIN M 2660 BURNTFORD DRIVE CLEARWATER FL 34621 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ST JUSTIN M. RAYNOR 2660 BURNTFORD DRIVE CLEARWATER, FLA 34621 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE  08.26.97 812

CR2E034 (4/97)