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 # P95000043608 (5) TEE TIME ENTERPRISE, INC.				
Principal Place of 4405 VINELAND SUITE C-11 ORLANDO FL 32	ROAD	Mailing Address 4405 VINELAND ROAD SUITE C-11 ORLANDO FL 32811		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place		2a. Mailing Address 26		06/07/1995 Applied For 59-3319851 Not Applicable
Suite, Apt. #, 6 22 City & State	etc.	Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
23 Zip 24	Country 25	Zip 29	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent WERNER-RUSTEN, SUSAN 4405 VINELAND ROAD SUITE C-11 ORLANDO FL 32811			81 Na	10. Name and Address of New Registered Agent lame street Address (P.O. Box Number is Not Acceptable)
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, Elegida Statutes. SIGNATURE Signature, typed or profiled parts of registered agent and life of applicable. (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS	D Werner-Rusten, Susan 4405 Vineland Road, Suite Orlando fl 32811	C-11	1.1 TITLE 1.2 NAME 1.3 STREET ADDR	19
CITY-ST-ZIP TITLE NAME STREET ADDRESS	OND THE GOOT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR	Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDR	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CITY - ST - ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDR	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDR	P Change Addition

14. I 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.

SIGNATURE:

FILED

May 11 1998 8:00am

Secretary of State