

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000048397 (0)**
1. Corporation Name
SOUTHWEST FLORIDA GOLF RANGE DEVELOPMENT, INC.



Principal Place of Business
**C/O JON EBERT
5270 6TH AVE SW
NAPLES FL 33999**

Mailing Address
**C/O JON EBERT
5270 6TH AVE SW
NAPLES FL 33999**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O JON EBERT Suite, Apt. #, etc. 22 5270 TAMARIND RIDGE DRIVE City & State 23 NAPLES, FL Zip 24 34119		2a. Mailing Address 26 C/O JON EBERT Suite, Apt. #, etc. 27 5270 TAMARIND RIDGE DRIVE City & State 28 NAPLES, FL Zip 29 34119		3. Date Incorporated or Qualified 06/19/1995	
Country 25 USA		Country 30 USA		4. FEI Number 65-0590231 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COTTER, RICHARD T
8100 ESTERO BLVD
FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 term if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	EBERT, JON	1.2 NAME	EBERT, JON
STREET ADDRESS	5270 6TH AVE SW	1.3 STREET ADDRESS	5270 TAMARIND RIDGE DRIVE
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE	DVST	2.1 TITLE	DVST
NAME	EBERT, VIVIAN	2.2 NAME	EBERT, VIVIAN
STREET ADDRESS	5270 6TH AVE SW	2.3 STREET ADDRESS	5270 TAMARIND RIDGE DRIVE
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

JON EBERT

2/20/98 (941) 649-5900

CR2E034 (10/97)