SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **ANNUAL REPORT** Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000059898 (3) TRIPLE "E" HUNT CLUB, INC. Principal Place of Business Mailing Address 500 EAST PRINCETON ST. 500 EAST PRINCETON ST. ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 08/02/1995 2a. Mailing Address 4. FEI Number 21 26 Applied For Suite, Apt #, etc. APPLIED FOR 6/26/96 Suite, Apt. #, etc. Not Applicable 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 23 6. Election Campaign Financing \$5.00 May Be 28 Zıp Trust Fund Contribution Country Zip Added to Fees Country 24 8. This corporation has liability for intangible tax under s 199,032 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes Yes No 10. Name and Address of New Registered Agent KEATING, JOHN K 81 Name 749 N. GARLAND AVE., STE. 101 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature, typed or printed name of registered agent and tille if applicable (NOTE\_Flag-stered Agent signature required when remotating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE (36/2) 1.1 TO BE PRESIDENT NAME MCCREE, RICHARD T DIRECTOR Change Addition 1.2 NAME STREET ADDRESS 500 EAST PRINCETON ST. CR2E034 13 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP TITLE 14 CHY-ST-ZIP DELETE 2.1 T(5) F NAME Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP TITLE 2 4 CITY - ST - ZIP DELETE 31 TITLE NAME Change Addition 3 2 NAME , STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP TITLE 34 CITY ST ZIP DELETE 41 TITLE NAME Change Addition 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE NAME Change Addition 5 2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 ! TITLE NAME 60000189589BRange Addition 6 2 NAME STREET ADDRESS -07/17/96--01016--016 \*\*\*225.00 6.3 STREET ADDRESS CITY - ST - ZIP I do hereby certify that the informal further certify that the informal 6 4 CITY - ST - ZIP hation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 in Idicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 2 id Block 13 if changed, or on an attachment with an address. made under oath, that I ar that my name appears in Bld SIGNATURE: B-25-96 407 898 4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. MICREF

RICHARD