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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P95000065839 (9)**

1. Corporation Name
PLAYER'S CHOICE GOLF AND SPORTS TOURS, INC.

Principal Place of Business	Mailing Address
~~6325 PRESIDENTAIL CT.~~ ~~STE. 4~~ ~~FT MYERS FL 33919~~ ~~US~~	P.O. BOX 07310 FT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1995

2. Principal Place of Business	2a. Mailing Address
21 6249 Presidential Ct.	26
Suite, Apt. #, etc 22 Unit F	Suite, Apt. #, etc 27
City & State 23 Ft. Myers, FL	City & State 28
Zip / Country 24 33919 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0602471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

RUNYON, THOMAS G
6325 PRESIDENTIAL CT.
STE. 4
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Runyon, Thomas G.
82 Street Address (P.O. Box Number is Not Acceptable): 6249 Presidential Ct.
83: Unit F
84 City: Ft Myers **FL** 85 Zip Code: 33919

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] 4/16/98
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 RUNYON, THOMAS G ~~6325 PRESIDENTIAL CT., STE. 4~~ FT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Runyon, Thomas G. 6249 Presidential Ct. Unit F Ft. Myers, FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SKELLY, SHARON V 6325 PRESIDENTIAL CT., STE. 4 FT. MYERS FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. Albright, Charles R. 6249 Presidential Ct. Unit F Ft. Myers, FL 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: [signature] 4/16/98 941-454-5600