

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 NOV -1 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000088657 (8)

1. Corporation Name  
SEBRING LAKESIDE GOLF RESORT, INC.

Principal Place of Business Mailing Address  
 803 LAKE SEBRING DRIVE SEBRING FL 33870  
 803 LAKE SEBRING DRIVE SEBRING FL 33870

3. Date Incorporated or Qualified 11/17/1985  
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 4. FEI Number 65-0650761  
 Applied For  
 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fee

24 Zip Country 29 Zip Country 30  
 7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R  
227 N. RIDGEWOOD DRIVE  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name MARK L. BAKER  
 82 Street Address (P.O. Box Number is Not Acceptable) 603 LAKE SEBRING DRIVE  
 83  
 84 City SEBRING FL 85 Zip Code 33870

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 L. BAKER D/P  
 (NOTE: Registered Agent signature required when reinstating) DATE 11/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, MARK L	
STREET ADDRESS	1550 S.W. 67TH COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, MARIA C	
STREET ADDRESS	1550 S.W. 67TH COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIVISIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	500002000925--3	
4.4 CITY-ST-ZIP	-11/08/96--01106--001	
	***375.00 ***375.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark L. Baker REQUIRED 10/25/96 (94) 305 7113

CRECISA (3/96)