

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
603 LAKE SEBRING DRIVE SEBRING FL 33870

Mailing Address
603 LAKE SEBRING DRIVE SEBRING FL 33870-1419

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	3a. Date of Last Report 11/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0650761	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, MARK L 603 LAKE SEBRING DRIVE SEBRING FL 33870				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARK L	1.2 NAME	BAKER, MARK L.
STREET ADDRESS	1550 S.W. 67TH COURT	1.3 STREET ADDRESS	1550 SW 67th Ct
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	VSTD	2.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARIA C	2.2 NAME	BAKER, MARIA C
STREET ADDRESS	1550 S.W. 67TH COURT	2.3 STREET ADDRESS	1550 SW 67th Ct
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI FL 33157
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 do 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: *Mark L Baker* **MARK L Baker** 4/16/97 (041) 2857112