

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 25 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093135 (8)

1. Corporation Name:
NATURE COAST GOLF TOURS FLORIDA, INC.



Principal Place of Business: 5081 PANTHER DR SPRING HILL FL 34807
Mailing Address: 5081 PANTHER DR SPRING HILL FL 34607-2486

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report: 04/18/1996
4. FEI Number: APPLIED FOR 59-3374414 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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: KOPSON, JOHN 7300 W CAMINO REAL #126 BOCA RATON FL 33433
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 607.0102 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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEN, ALAN	1.2 NAME	000002225280--3
STREET ADDRESS	5081 PANTHER DRIVE	1.3 STREET ADDRESS	-06/27/97--01105--012
CITY-ST-ZIP	SPRING HILL FL 34807	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(c), 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.

CR2E034 (9/96)

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JACQUELYN R. CAMPBELL, C.P.A., P.A.

*Certified Public Accountant
A Professional Association*

7257 FOREST OAKS BOULEVARD
SPRING HILL, FLORIDA 34606

(352) 683-7365
FAX (352) 683-1241

June 19, 1997

Re: Nature Coast Golf Tours Florida, Inc.
FEI No. 59-3374414

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Attached are the 1997 Corporation Annual Report and Check No. 1096 in the amount of \$165.00 from referenced taxpayer.

We were unable to contact Mr. Maden in the latter part of April regarding submission of his Corporation Annual Report. Once we were able to contact him, we learned that he had been in England for over 4 weeks due to the untimely passing of his mother-in-law in April.

It is requested that the penalties for late filing of this Report be abated due to these extenuating circumstances. Further, this Corporation is in its initial year and the penalty for late filing would be a severe financial drain.

Your consideration would be appreciated.

Respectfully,


Jacquelyn R. Campbell

Encls

cc: Nature Coast Golf
Tours Florida, Inc.



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OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS