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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000012474 (8)

1. Corporation Name

DIVOT SPA WGV, INC.



Principal Place of Business

Mailing Address

442 WEST KENNEDY BLVD.
SUITE 200
TAMPA FL 33606

P.O. BOX 172067
TAMPA FL 33672-2067

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 201 N. Franklin Street | 26 | Suite, Apt. #, etc. | 02/08/1996 | |
| 22 | Suite 200 | 27 | City & State | 4. FEI Number | |
| 23 | Tampa, Florida | 28 | Zip | 59-3379748 | |
| 24 | 33602 | 29 | Country | Applied For | |
| 25 | U.S.A | 30 | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDLEY, FRED S
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---------------------------------|
| TITLE | PD | 1.1 TITLE | D |
| NAME | GEWANT, ROBERT N | 1.2 NAME | GEWANT, ROBERT N |
| STREET ADDRESS | 775 MAINGAIL DRIVE | 1.3 STREET ADDRESS | 201 N. Franklin Street, STE 200 |
| CITY-ST-ZIP | TAMPA FL 33602 | 1.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| TITLE | TS | 2.1 TITLE | C, CEO, P |
| NAME | MILLER, KATHLEEN J | 2.2 NAME | KNIGHT, ELLEE |
| STREET ADDRESS | P.O. BOX 172067 | 2.3 STREET ADDRESS | 201 N. Franklin Street, STE 200 |
| CITY-ST-ZIP | TAMPA FL 33672-2067 | 2.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| TITLE | | 3.1 TITLE | D |
| NAME | | 3.2 NAME | CELLURA, JOSEPH |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 201 N. Franklin Street, STE 200 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| TITLE | | 4.1 TITLE | D |
| NAME | | 4.2 NAME | BAGNALL, CLIFFORD |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 201 N. Franklin Street, STE 200 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| 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 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

Clifford E Bagnall

CLIFFORD E BAGNALL

4/20/98

(813) 222-0611

CR2E034 (10/97)