

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022975 (2)**

1. Corporation Name  
**VICEROY GOLF CLUB, INC.**



Principal Place of Business <b>12908 AIRWAY PANAMA CITY FL 32404</b>	Mailing Address <b>12908 AIRWAY PANAMA CITY FL 32404</b>
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3. Date Incorporated or Qualified <b>03/14/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>12908 Air Way Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Panama City, FL</b> Zip Country 24 <b>32404-2833</b> 25 <b>U.S.A.</b>		2a. Mailing Address 26 <b>12908 Air Way Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Panama City, FL</b> Zip Country 29 <b>32404-2833</b> 30 <b>U.S.A.</b>		4. FEI Number <b>59-3371835</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>YOUNG, JUDITH C 12908 AIRWAY PANAMA CITY FL 32404</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>12908 Air Way Street</b> 83 84 City <b>FL</b> 85 Zip Code <b>32404-2833</b>			

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 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>YOUNG, DAVID F</b>		1.2 NAME <b>Young, David F.</b>	
STREET ADDRESS <b>1500 SAN REMO AVE., STE. 245</b>		1.3 STREET ADDRESS <b>12908 Air Way Street</b>	
CITY - ST - ZIP <b>CORAL GABLES FL 33146-3054</b>		1.4 CITY - ST - ZIP <b>Panama City, FL 32404-2833</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Young, Judith C.</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>12908 Air Way Street</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>Panama City, FL 32404-2833</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Hughey, Bonnie J.</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>1500 San Remo Avenue, Suite 239</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Coral Gables, FL 33146-3047</b>	
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)(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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if added, or on an addition with an address.

SIGNATURE

3/5/97 (904) 871-4616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David P. Young, President/Director**

Date

Daytime Phone #

0614227

CR2E034 (9/96)