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

PROFIT CORPORATION ANNUAL REPORT

1997

CHTY-ST-ZIP

SIGNATURE:

SIGNATURE AND TY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023021 (4)

FLORIDA GOLF & RECREATION CENTER, INC.

Principal Place of Business Mailing Address 2501 HIGHLAND ACRES DRIVE 2501 HIGHLAND ACRES DRIVE CLEARWATER FL 34821-1624 CLEARWATER FL 34621 3. Date Incorporated or Qualified 3a, Date of Last Report 03/13/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3373002 Not Applicable 26 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ш Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Florida Statutes Yes X No 30 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ROWE, GERALD W 2501 HIGHLAND ACRES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34621** 83 84 Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. 12. DELETE Change Change **PSTD** 1.1 TITLE TITLE TOWE, GERALD W Rowe, Gerald W 1.2 NAME NAME 2501 HIGHLAND ACRES DRIVE 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34621** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-ST-ZIP CITY-ST-ZIE Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

GERALD W. ROWE Date

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 it am an officer or director of the corporation or the receiver or truetee expowered 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 gri address.

FILED Feb 14 1997 8:00am Secretary of State

