FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 11 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000054423

1. Corporation Name

Florida Golf Properties, Inc.

Principal Place of Business	Mailing Address
6401 Kendale Lakes Dr. Miami, FL 33183	201 Alhambra Circle, Suite 1200 Coral Gables, FL 33134

3. Date Incorporated or Qualified: 6/25/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 6401 Kendale Lakes Drive
22: Suite, Apt. #, etc.:
23: City & State: Miami, Florida
24: Zip: 33183
25: Country: USA

2a. Mailing Address
26: 8251 Greensboro Drive
27: Suite, Apt. #, etc.: Suite 850
28: City & State: McLean, Virginia
29: Zip: 22102
30: Country: USA

4. FEI Number: 65-0677691 ☐ 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

9. Name and Address of Current Registered Agent

Fred K. Lickstein
201 Alhambra Circle
Suite 1200
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

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 607.0502 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Stephen J. Garchik		12 NAME	
STREET ADDRESS	8251 Greensboro Drive, Suite 850		13 STREET ADDRESS	
CITY-ST-ZIP	McLean, VA 22102		14 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	R. Daniel Mays		22 NAME	
STREET ADDRESS	6401 Kendale Lakes Drive		23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33183		24 CITY-ST-ZIP	
TITLE	President	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	R. Daniel Mays		32 NAME	
STREET ADDRESS	6401 Kendale Lakes Drive		33 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33183		34 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Stephen J. Garchik		42 NAME	
STREET ADDRESS	8251 Greensboro Drive, Suite 850		43 STREET ADDRESS	
CITY-ST-ZIP	McLean, VA 22102		44 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Kristina A. Fisher		52 NAME	
STREET ADDRESS	8251 Greensboro Drive, Suite 850		53 STREET ADDRESS	
CITY-ST-ZIP	McLean, VA 22102		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

700002236807--4
-07/11/97--01100--011
****550.00 ****550.00

700002236807--4
-07/11/97--01100--012
******8.75 ******8.75

CR2E034 (9/96)

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: x Stephen J. Garchik July 10, 1997 (703) 893-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #