


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

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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90013 021 ****158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061128

1. Corporation Name
ST. CLAIR RESORT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3200 U.S. HIGHWAY 27 SOUTH HAINES CITY FL 33844		Mailing Address P.O. BOX 7607 WINTER HAVEN FL 33883	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3390910	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation owes the current year Intangible	Personal Property Tax.
24	25		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified	7/22/1996
4. FEI Number	59-3390910
5. Certificate of Status Desired	<input checked="" type="checkbox"/>
6. Election Campaign Financing	<input type="checkbox"/>
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

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SAMMONS, ROBERT O ESQUIRE 1552 SIXTH STREET SE WINTER HAVEN FL 33880	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
BOCK, THOMAS A	4601 DOGWOOD HILLS COURT BRANDON FL 33511	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
D	HANDLEY, M.L.	2.1 TITLE	2.2 NAME
9159 SW 77TH AVENUE, SUITE 305	MIAMI FL 33156	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
D	SHERRARD, CHARLES W	3.1 TITLE	3.2 NAME
3831 GAINES COURT	WINTER HAVEN FL 33884	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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, with all other like empowered.

SIGNATURE _____ DATE JAN 13 1999 800 989-6272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)