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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000087861 (6) DOCUMENT #

FIRST COAST GOLF TOURS, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 110 OCEAN HOLOW LANE #116 110 OCEAN HOLOW LANE #116 ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 4. FEI Number 59-37366/9 2. Principal Place of Business 2a. Mailing Address Applied For MOT ARPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KORN, HENRY G REINHOLD FERSTER 110 OCEAN HOLLOW LN #116 Street Address (P.O. Box Number is Not Acceptable) 82 ST. AUGUSTINE FL 32095 83 84 2ip Code 32223 JACKSONVILLE 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. ne 29, 1998 (NOTi: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OWNER-PRESIDENT Change Add OFFICERS AND DIRECTORS 12. 13. DELETE ■ Addition TITLE 1.1 TITLE KORN, HENRY G REINHOLD FERSTER 1.2 NAME 110 OCEAN HOLLOW LN #116 1111-2A SAN JOSE BLUD # 254 STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL #J ACK SON VILLE 1.4 City - St - ZiP CITY-ST-ZIP DELETE 21 THLE DIRECTOR Addition TITLE ROBERT TAFT 11136 POINT SYLVAN CIRCLE **EMSLIE, JOANNE S** 2 2 NAME NAME 110 OCEAN HOLLOW LN #116 STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 THEE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE ■ Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change __ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 trusted 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. April 29/80 904-801-1773

WENDU