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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099572 (5)

DIVOT PROPERTIES WGV, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 ANG 20 PH 1:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



TAMPA FL 33610		TAMPA FL 33610-4234			
				3. Date Incorporated or Qualified 12/10/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 201 N. FRANKLIN STREET		26 201 N. FRANKLIN STREET		59-3446080	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 25 Th FLOOR		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 TAMPA	FL	28 TAMPA	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24 33602	25		30		Yes Y No
	and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Re-	gistered Agent
RUGG, JOSEPI			81 Name Ku1	S ALBA	
201 N FRANKL	in st		82 Street Ac	gress (P.O. Box Number is Not Acceptable)	
SUITE 2100			CIO FOLEY & CARDNER		
TAMPA FL 326	02		100 NORTH TAMPA ST. , SHITE 2700		
}			84 Cit <u>v</u>	•	FL 85 Zip Code 33602
	(5	0 50 11 60 11		LPA	FL 33602
office or registered as	sions of Sections 607,050; pent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the above-named co uthorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
	ith, and accept the obliga	ations of, Section 607.0505, Flo			7/29/97
SIGNATURE	Alba		ALBA, FOLE		
Signature, lyper	d or printed name of registered ager OFFICERS AND		: Registered Agent signature re-	T-1	DATE
TITLE D	OFFICENS AND	DELETE		ADDITIONS/CHANGES TO OFFICE	
•	, JOSEPH	La Victio		CLIFF BAGNALL	Straings By Addition
	RECKENRIDGE PKWY	201 N. FRANKLIN ST		OI N. FRANKLIN ST. , 2	5 H+ France
CITY-ST-ZIP TAMPA FL 33616		25th FLOOR	THE STREET HEBBIEGO	TAMPA FL 33602	
TITLE D	L-00010	N. DELETE		HIEF FINANCIAL OFFICE	Change K Addition
NAME MCNEILL	LANCE	4	1	STEVE THEKER	Service Service
	RECKENRIDGE PKWY		4.1-141111	WI. N. FRANKLIN ST. ,	SETH E
			- I	TAMPA PL 33602	25 /250/2
CITY-ST-ZIP TAMPA F	L 000 10	DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	THE BOOK	Change Addition
1 -	WILLIAMS	The section	3.2 NAME		Change Chaonion
	RECKENRIDGE PKWY		3.3 STREET ADDRESS		\
STREET ADDRESS 5806-A B			3.4 City-St-Zip		1
TITLE TANKER	F 000 IA	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	7000023	2 740875
City-St-Zip			4.4 CITY-ST-ZIP	-08/21/	97U1114UUS
TITLE		DELETE	5.1 TITLE		5.00 ****165,00
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		^
TITLE		DELETE	6.1 717LE		Channe
NAME			6.2 NAME		MAREN
STREET ADDRESS			6.3 STREET ADDRESS		ישראי
OITY_ST_7IP			6.4 CITY OF 200		Ψ,

14. Ido 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.

1/22/07

(812)611-4662