

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102037 (4)

1. Corporation Name

GREATER ORLANDO GOLF DESTINATIONS, INC.



Principal Place of Business

393 DAWNVIEW COURT
LAKE MARY FL 32746

Mailing Address

393 DAWNVIEW COURT
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report
4. FEI Number 59-3418497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 101 Timberlachen Cir Suite, Apt. #, etc. 22 Suite 202	26 P.O. Box 951422 Suite, Apt. #, etc.
23 Lake Mary, FL City & State Zip 24 32746	28 Lake Mary, FL City & State Zip 29 32795-1422
25 Seminole Country	30 Seminole Country

9. Name and Address of Current Registered Agent

JAMISON, MICHAEL W
393 DAWNVIEW COURT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 101 Timberlachen Cir. Suite 202
83
84 City Lake Mary
85 Zip Code FL 32746

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Mr. Kenny Winn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	3200 Seralago Blvd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Bill Stine
STREET ADDRESS		2.3 STREET ADDRESS	2801 Kissimmee Bay Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kristina Stein
STREET ADDRESS		3.3 STREET ADDRESS	24506 Calusa Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Eustis, FL 32734
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Brad Butler
STREET ADDRESS		4.3 STREET ADDRESS	2100 Hywassee Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Kristina Stein

9/2/97 12521351-4732

CP2E034 (4/97)