SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P96000102037 1. Corporation Name

GREATER ORLANDO GOLF DESTINATIONS, INC.

SUITE #02- /	CHENGIR 290 Waymonto							
LAKE MARY FI	L 32746	US			DO NOT WR		SPACE	
US					3. Date incorporated or Qualified	İ		
				` `	12/18/1996			
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 290) WAYMONT CT	26	·		59-3418497		Not Applicable	
Suite, Apt	ute 100	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta		City & State		*-	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 32 7	Country	Zip	Country 30		This corporation owes the cur Intangible Personal Property.	rent year	Yes No	
24	9. Name and Address of Current		301		10. Name and Address of New	Registered A	Agent	
	5. Raile and Address of Culture	- Nogistarea Agent	81	Name		<u>-</u>		
JAM	MISON, MICHAEL W		<u> </u>					
101 TIMBERLACHEN CIR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 202			83	 -				
	E MARY FL 32746		165					
	E MAN I LE VALLE		84	City		FL	85 Zip Code	
office o	r registered agent, or both, in the State	of Florida. Such change was at	∟tho⊓zed by	the corpora	oration submits this statement for the pation's board of directors. I hereby acce	ourpose of cha opt the appoin	tment as registered	
office o	r registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was au ations of, section 607.0505, Flor	uthonzed by rida Statutes 	the corpora	tion's board of directors. I hereby acce	purpose of cha	anging its registered	
office of agent. I SIGNATURE	r registered agent, or both, in the State I am familiar with, and accept the obligated Signature, typed or printed name of registered agen	of Florida. Such change was autions of, section 607.0505, Flor t and title if applicable. (NOT	uthorized by rida Statutes TE: Registered A	the corpora	equired when reinstating)	DATE	Imenii as regisiered	
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office of agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State I am familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AND WINN, KENNY M 3200 SERALAGO BLVD	of Florida. Such change was autions of, section 607.0505, Flor t and title if applicable. (NOT	TE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET	gent signature re	equired when reinstating)	DATE	D DIRECTORS IN 12	
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5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

G. JAMISON

___ DELETE

DELETE

SIGNATURE

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Linda

in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90006 042 ***550.00

407-330-2353

Change Addition