

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).

FILED  
Aug 09, 1999 8:00 am  
Secretary of State  
08-09-1999 90006 042 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000102037  
1. Corporation Name  
GREATER ORLANDO GOLF DESTINATIONS, INC.

Principal Place of Business  
401 TIMBERLACHEN CIR  
SUITE 202  
LAKE MARY FL 32746  
US

Mailing Address  
P O BOX 951422  
LAKE MARY FL 32795-422  
US

2. Principal Place of Business  
21 290 WAYMONT CT  
Suite, Apt. #, etc.  
22 Suite 100  
City & State  
23 Lake Mary, FL  
Zip  
24 32746  
Country  
25 USA

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/18/1996

4. FEI Number  
59-3418497  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  
Yes No

9. Name and Address of Current Registered Agent  
JAMISON, MICHAEL W  
101 TIMBERLACHEN CIR  
SUITE 202  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	WINN, KENNY M	
STREET ADDRESS	3200 SERALAGO BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	DELETE
NAME	STINE, BILL	
STREET ADDRESS	2804 KISSIMMEE BAY BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	DELETE
NAME	FARROW, MARK	
STREET ADDRESS	524 SIMPSON RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	DELETE
NAME	HAUER, BRAD	
STREET ADDRESS	2100 HIWASSEE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
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.

SIGNATURE: Linda G. Jamison  
8/2/99 407-330-2355