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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003103

THE GOLF CLUB, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90047 049 ***150.00

Suite, Apt. #, etc. 22 City & State City &	4741 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34746 AT SIMMEE FL 34746 AT SIMEE FL 34746 AT SIMMEE FL 34746			
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9. Name and Address of Current Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 81 Name 2AZA, BRIAN 4066 BROOKMYRA DRIVE ORLANDO FL 32837 82 Street Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL	3. Name and Address of Current Registered Agent ZAZA, BRIAN 4096 BROOKMYRA DRIVE ORLANDO FL 32837 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation submits this statemer of the provisions of Sections and the familiar with agent and the familiar with agent and the familiar with agent agent and the familiar with agent agen			_
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR