

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0095130

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 JUL 19 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000010507 (6)
 1. Corporation Name
 L.G.G. INC.



REINSTATEMENT 98 999

Principal Place of Business Mailing Address
 3410 CLUBVIEW DR. 3410 CLUBVIEW DR.
 SABAL SPRINGS GOLF & RACQUET CLUB SABAL SPRINGS GOLF & RACQUET CLUB
 NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified
 01/29/1997
 4. FEI Number
 650737546 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 SABAL SEAGRILL 26 3410 CLUBVIEW DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 North FT MYERS, FL 28
 Zip Country Zip Country
 24 33917 25 29 30

9. Name and Address of Current Registered Agent
 GONZALES, G.R.
 3410 CLUBVIEW DR.
 NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent
 81 Name
 CALO GERO CHIAVETTA
 82 Street Address (P.O. Box Number is Not Acceptable)
 1040 WILSON BLVD
 83
 84 City NAPLES FL 85 Zip Code 34120

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 7/01/99

12. OFFICERS AND DIRECTORS

TITLE	GONZALES G.R.	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS	3410 CLUBVIEW DR	
CITY-ST-ZIP	NORTH-FORT-MYERS FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CALO GERO CHIAVETTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	3410 CLUBVIEW DR	
1.4 CITY-ST-ZIP	NORTH-FORT-MYERS 33917	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 -07/30/99-01049-009
 ****900.00 ****900.00

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: *[Signature]* DATE 6/18/99 941/7315111

CR2E034 (5/98)