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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000010715 (5)

1. Corporation Name

GREAT GOLF GETAWAYS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2929 BAY TO BAY BLVD., STE. 108
TAMPA FL

2929 BAY TO BAY BLVD., STE. 108
TAMPA FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOPKE, WILLIAM C II
2611 BAYSHORE BLVD., #105
TAMPA FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME KNOPKE, WILLIAM C II
STREET ADDRESS 2106 W. WATROUS AVENUE
CITY-ST-ZIP TAMPA FL 33606

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME LEE, BRIAN M
STREET ADDRESS 15419 PLANTATION OAKS DR.
CITY-ST-ZIP TAMPA FL 33647

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DT
NAME REMO, ARMANDO G JR.
STREET ADDRESS 8706 MAPLE LAKE PLACE
CITY-ST-ZIP TAMPA FL 33635

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME BENFORD, GEORGE H
STREET ADDRESS 66 BAYWOODS DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34895

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME DOUTHITT, AMY L
STREET ADDRESS 7823 BAY DRIVE
CITY-ST-ZIP TAMPA FL 33635

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D
NAME KRUSEN, WILLIAM A
STREET ADDRESS 3110 AGAWAM STREET
CITY-ST-ZIP TAMPA FL 33629

61 TITLE
62 NAME
63 STREET ADDRESS
64 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

CR2E034 (10/97)