

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000014056 (0)**

1. Corporation Name
LIVING LEGENDS GOLF CLUB, INC.



Principal Place of Business 407 LINCOLN ROAD SUITE 6-L MIAMI BEACH FL 33139	Mailing Address 407 LINCOLN ROAD SUITE 6-L MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 2-L 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. Suite 2-L 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/13/1997
		4. FEI Number 65-0747890		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHERIFF, STEPHEN H ESO STEPHEN H. SHERIFF, P.A. 407 LINCOLN ROAD, SUITE 2-L MIAMI BEACH FL 33139		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOHN	1.2 NAME	
STREET ADDRESS	10320 NW 10TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, MIKE	2.2 NAME	
STREET ADDRESS	739 CRYSTAL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PAUL R	3.2 NAME	
STREET ADDRESS	3650 E. BELL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, MIKE	4.2 NAME	
STREET ADDRESS	2840 BEGONIA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	4.4 CITY-ST-ZIP	FL
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIFF, STEPHEN H	5.2 NAME	
STREET ADDRESS	407 LINCOLN ROAD, SUITE 2-L	5.3 STREET ADDRESS	Suite 2-L
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Stephen H. Sheriff** **4-30-98** **(305) 531-0062**

CR2E034 (10/97)