

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90277 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-980000029900 ✓ 1. Corporation Name Florida Golf Group, Inc.			
Principal Place of Business 5260 W. Irlo Bronson Hwy # 119 Kissimmee, FL 34746		Mailing Address 5260 WEST IRLO BRONSON HIGHWAY SUITE 119 KISSIMMEE FL 34746	
2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name MICHAEL B. JONES ESQUIRE	
		82 Street Address (P.O. Box Number is Not Acceptable) 7652 ASHLEY PARK COURT	
		83 SUITE 300	
		84 City ORLANDO	
		85 FL 32835	
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 R. C. Shapiro		Adrienne Shapiro 4-29-99	
Signature, type 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 PD NAME WRIGHT, MALCOLM J STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY #119 CITY-ST-ZIP KISSIMMEE FL 34746		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE STD NAME WRIGHT, GILLIAN M STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY #119 CITY-ST-ZIP KISSIMMEE FL 34746		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE Parker, Steve NAME 5260 West Irlo Bronson Hwy #119 STREET ADDRESS Kissimmee, FL 34746 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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 supplementary 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 that I am an officer or director 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 the filing with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 407-396-9696

Date Daytime Phone #