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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																	
DOCUMENT # P98000070773 1. Corporation Name EAGLE GOLF ENTERPRISES, INC.																																																																																			
Principal Place of Business 231 ROYAL PALM WAY #100 PALM BEACH FL 33480		Mailing Address 231 ROYAL PALM WAY #100 PALM BEACH FL 33480																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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																																																																																	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.																																																																																			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>Raymond L. and Maria K. Floyd</td> <td>11. TITLE</td> <td>President</td> </tr> <tr> <td>NAME</td> <td>as tenants by the entireties.</td> <td>12. NAME</td> <td>Maria K. Floyd</td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 Royal Palm Way, Suite 100</td> <td>13. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Beach, FL 33480</td> <td>14. CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>15. TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>16. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>17. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>18. CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>19. TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>20. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>21. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>22. CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>23. TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>24. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>25. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>26. CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>27. TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>28. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>29. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>30. CITY-ST-ZIP</td> <td></td> </tr> </table>				TITLE	Raymond L. and Maria K. Floyd	11. TITLE	President	NAME	as tenants by the entireties.	12. NAME	Maria K. Floyd	STREET ADDRESS	231 Royal Palm Way, Suite 100	13. STREET ADDRESS		CITY-ST-ZIP	Palm Beach, FL 33480	14. CITY-ST-ZIP		TITLE		15. TITLE		NAME		16. NAME		STREET ADDRESS		17. STREET ADDRESS		CITY-ST-ZIP		18. CITY-ST-ZIP		TITLE		19. TITLE		NAME		20. NAME		STREET ADDRESS		21. STREET ADDRESS		CITY-ST-ZIP		22. CITY-ST-ZIP		TITLE		23. TITLE		NAME		24. NAME		STREET ADDRESS		25. STREET ADDRESS		CITY-ST-ZIP		26. CITY-ST-ZIP		TITLE		27. TITLE		NAME		28. NAME		STREET ADDRESS		29. STREET ADDRESS		CITY-ST-ZIP		30. CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1998

4. FET Number 65-042076 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election/Campaign Financing ☐ \$5.00 Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 information.

SIGNATURE: Raymond L. Floyd President

3/17/99

833-2622

CR20304 (11/95)