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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S63176

MCCUME	BER GOLF, INC.											
Principal Place	e of Business	Ma	iling Address				-		1 (Bit Bidti Bibli di	1917 81811 1884
7502 PLANTATIO	•		BOX 7879				,					
JACKSONVILLE FL 32244								20 1107 11/2	TE IN THE	CDACE		
US JACKSONVILLE FL 32238							DO NOT WRITE IN THIS SPACE					
		US						ł	Date Incorporated or Qualifect	ļ		}
									06/28/1991 FEI Number		I An	plied For
2. Principal Pl	lace of Business		Mailing Address						-			t Applicable
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Suite, Apt. :	#, etc.	<u> </u>	Suite, Apt. #, etc.					5.	Certifcate of Status Desired		Fee Re	I .
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Zip	25	29	Z.P	30	,				Personal Property Tax.	ioni your in		□No
24	9. Name and Address of Curr		tered Agent	[30]	Τ.				Name and Address of New	Registered	Agent	
. Water	o. Hame and Hadrood or Carl	····			81	Name)					
WAL	TERS, MICHAEL							10	O. Box Number is Not Accep	labla)		
50 N	IORTH LAURA ST				82	Stree	t Addres	ss (P	O. Box Number is Not Accep	lable)		İ
STE	2200				83					***		
JACH	KSONVILLE FL 32202										T-1 4	
					84	City				FL	85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508, Florida Statu	ites, the a	above	i e-name	d corpo	ration	submits this statement for the	nurnose of	changing its	registered
office or r	edistered agent or both in the Stat	te of Florid	la. Such change was	authorize	O DV	the cor	poration	ı's bo	ard of directors. I hereby acce	pt the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obli	igations of,	Section 607.0505, FI	orida Sta	tutes		po. 200.					
agent. I a	m familiar with, and accept the obli	igations of,	Section 607.0505, Fi	onda Sta	nutes	•					<u>-</u>	
agent. I a	m familiar with, and accept the obli-	igations of,	f applicable. (NOT	E: Registere	d Agen	•		when re	einstating)	DATE		
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS