## **ME NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 1. Corporation Name	S70852	(6)					
JSN GOLF ENTERP	RISES, INC.						
Principal Place of Business	M	lailing Address					
1881 PLEASANT HILL RD KISSIMMEE FL 34746 US		P O BOX 420850 Kissimmee FL 34742 Us					
2. Principal Place of Business	2a	. Mailing Address					
21	26						

Planicipal Place of Business	JSN G	OLF ENTERPRISES, INC.									
KISSUME FL 94748 US  US  2. Principal Pace of Business 2. Suite, April # etc. 2. Principal Pace of Business 3. Maining Aktorient 3. Suite, April # etc. 3. Suite	Principal Place of	of Business	Mailing Address		,			A HAMPIEDEN DIE DANSIN MANNE SANDA PIL		IBIH AFBII AIAI	il 61811 81811 (881
2. Phinoipal Place of Euriness   2a Mailing Aldrees   3. Call Al	KISSIMMEE		KISSIMMEE FL	•							
2. Principal Proper of Reumens   2. A. Mair of Addresses   2. A. Mair of Addresses   2. Solito, April #, etc.   5. Sol-308165   Not Application   Solito, April #, etc.   5. Certificate of Status Deserted   Solito, April #, etc.   2. So							3	·			
Suite, Apr. #, etc.	2. Principal Plac	ce of Business	2a. Mailing Addres	SS			4				
Suite, And If, etc.    Suite	<b>իսուդ</b> '				<u>59-3085165</u>					Not Applicable	
Country   28		, etc.	<b>⊢</b> ¬	etc.			5	. Certificate of Status Desired			
Zop	City & State		F¬ 1				6				
25   26   30   5   5   50   50   50   50   50		Country		Cou	intry		8	This corporation has liability for	intangible to		
BRIGGS, JOHN C 600 HIGHLAND AVE. WINDERMERE FL 34788  18   Name 19   Street Address (P.O. Box Number is Not Acceptable)  19   Street Address (P.O. Box Number is Not Acceptable)  10   Street Address (P.O. Box Number is Not Acceptable)  11   Pursuant to the provisions of Sections 607,0002 and 607 1508, Florids Statutes, the above-remod corporation submits this statement for the purpose of changing its registered office or agistered agent, or both, in the State of Florids. Such change was subtracted by the corporation's board of dioctors, thereby accept the exponence as registered agent, or both, in the State of Florids. Such change was subtracted by the corporation's board of dioctors, thereby accept the exponence as registered agent, or both, in the State of Florids. Such change was subtracted by the corporation's board of dioctors, thereby accept the exponence as registered agent, or both, in the State of Florids. Such changes was subtracted by the corporation's board of dioctors, thereby accept the exponence as registered agent, or both, in the State of Florids. Such changes are submits this statement for the purpose of changing its registered office or adentification and the registered agent, or both, in the State of Florids. Such changes are submits the statement for the purpose of changing its registered office or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered of florids and the registered agent, or both, in the State of Florids State or adentification and the registered agent, or both, in the State of Florids State or adentification and the registered office or adentification and the registered agent, or both, i	24	25	29	30				Florida Statutes	□No		
BRIGGS, JOHN C 600 HIGHLAND AVE. WINDERMERE FL 34768  88  64  65  65  66  67  67  67  67  68  68  68  68  69  69  69  69  69  69		9. Name and Address of Curre	ent Registered Agent		L.,		10	). Name and Address of New P	egistered	Agent	
BOO HIGHLAND AVE.   BIS   20 Code					81	Name					
### City					82	Street A	Address (f	P.O. Box Number is Not Acceptab	le)		
### City ### In Provisions of Sections B07 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office density of the obligations of Section 607 6050; horids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office density in the State of Florids. Souther for 8050; horids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am registe					83						
or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 507 (Section 507 (					84	City			FL	85 Ziş	p Code
12.	or registere familiar witi SIGNATURE	nd agent, or both, in the State of Fio n, and accept the obligations of, Soc	rida. Such change was a ction 607.0505, Florida S	uthorized by the tatutes.	corp	oration's t	board of	directors. I hereby accept the app	ointment as	anging its r ; registered	egistered office Lagent, Lam
TITLE										DIRECTO	DRS IN 12
NEWGENT, JACK S   12 NAME   13 STREET ADDRESS   1881 PLEASANT HILL RD.   13 STREET ADDRESS   1881 PLEASANT HILL RD.   14 CHTY-ST-7/P				TE 1.1	ITLE					Change	Addition
1881 PLEASANT HILL RD.	NAME			1.2 N	AME	İ					
TITLE	STREET ADDRESS			1.3 S	TREET	ADDRESS					
NAME   BRIGGS, JOHN C   22 NAME   23 SIRET ADDRESS   600 HIGHLAND AVE.   23 SIRET ADDRESS   600 HIGHLAND AVE.   24 CITY-SI-ZIP	CITY-S1-ZIP	KISSIMMEE FL 34746		1.4 0	iĭY-S	1- <b>7</b> iP					
STREET ADDRESS   600 HIGHLAND AVE.   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE	VPST	DELE	TE 2.1	THLE					Change	Addition
City-St-ZiP   WINDERMERE FL 34786	NAME	BRIGGS, JOHN C		221	AME						
TITLE	STREET ADDRESS			235	IREET	ADDRESS					
NAME BRIGGS, JOHN C STREET ADDRESS CHY-ST-ZIP WINDERMERE FL 34786  TITLE D GLETE 4.1 TILLE NAME SWANBERG, BRIAN J 42 NAME STREET ADDRESS CHY-ST-ZIP ST. CLOUD FL 4.4 CHY-ST-ZIP  TITLE GLETE 5.1 TILLE STREET ADDRESS CHY-ST-ZIP ST. CLOUD FL 5.3 STREET ADDRESS CHY-ST-ZIP GLETE 5.3 STREET ADDRESS CHY-ST-ZIP GLETE 6.1 TILLE NAME STREET ADDRESS CHY-ST-ZIP GLATER STREE			F per s			1- <b>7</b> IP				F 1 0h	- Addition
STREET ADDRESS   GOO HIGHLAND AVE.   3.3 STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   SWANBERG, BRIAN J   4.2 NAME   SWANBERG, BRIAN J   4.2 NAME   4.3 STREET ADDRESS   ST. CLOUD FL   4.4 CITY-ST-ZIP   TITLE   Change   Addition			∐ D£LE							Unange	☐ Addition
DELETE   DELETE   ST. CLOUD FL   DELETE   DELETE   ST. CLOUD FL   DELETE   DELETE   DELETE   DELETE   ST. CLOUD FL   DELETE											
TITLE											
NAME			[ ] DFI F			91 - ZIP	-			Change	Addition
STREET ADDRESS   ST. CLOUD FL	1	_	0.00			ļ					
ST. CLOUD FL						ADDRESS	[				1
TITLE         DELETE         5 1 TITLE         Change         Addition           NAME         52 NAME         53 STREET ADDRESS         CITY-ST-ZIP         54 CITY-ST-ZIP         Cnange         Addition           NAME         DELETE         6.1 TITLE         Cnange         Addition           NAME         62 NAME         CTREET ADDRESS         63 STREET ADDRESS           CITY-SI-ZIP         64 CITY-SI-ZIP         64 CITY-SI-ZIP         CTRANGE	1										
STREET ADDRESS		01. 02000 12	DEL E							☐ Change	☐ Addition
CITY-SI-ZIP         5.4 CITY-SI-ZIP           TITLE         □ DELETE         6.1 TITLE         □ Change         □ Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.4 CITY-SI-ZIP         6.4 CITY-SI-ZIP         6.4 CITY-SI-ZIP				5.21	AME						
DELETE	STREET ADDRESS			5.3 \$	TREET	ADDRESS					
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-S1-ZIP         6.4 CITY-S1-ZIP	CITY-ST-ZIP			5.4 (	)ITY - 5	ST - ZIP	<u></u>				<del>-</del>
STREET ADDRESS  6 3 STREET ADDRESS  6 4 CITY - S1 - ZIP			DELE	TE 6. 1	TITLE				_	Change	☐ Addition
CITY-SI-ZIP 64 CITY-SI-ZIP	NAME			6.21	IAME	1	1				
	STREET ADDRESS			633	TREET	ADDRESS					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	CITY-S1-ZIP						L				- <del></del>

certify that the information indeated on his annual report or supplemental annual report is true and accurate and that my signature shall have the same oath; that I am an office of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida S appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ER OR DIRECTOR