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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S77595** **(4)**

1. Corporation Name
MEDALIST GOLF COMPANY

Principal Place of Business	Mailing Address
2000 PGA BLVD. STE 2204 PALM BEACH GRDNS FL 33408	2000 PGA BLVD. STE 2204 PALM BEACH GRDNS FL 33408-2713

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 501 N AIA
Suite, Apt. #, etc. 22:
City & State 23: JUPITER, FL
Zip 24: 33477 Country 25: USA

2a. Mailing Address
26: 501 N AIA
Suite, Apt. #, etc. 27:
City & State 28: JUPITER, FL
Zip 29: 33477 Country 30: USA

4. FEI Number: 65-0286741 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WHITLEY, ROBERT B.~~
~~2000 PGA BLVD.~~
~~SUITE 2204~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name: PAUL D. ERICKSON
82 Street Address (P.O. [illegible]ible): 501 N AIA
83:
84 City: JUPITER FL 85 Zip Code: 33477

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 _____ DATE 3/26/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, GREG		1.2 NAME	
STREET ADDRESS	382 S BEACH RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	
TITLE	DP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREDERICKSON, IVAN C.		2.2 NAME	
STREET ADDRESS	2000 PGA BLVD, #2204		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL		2.4 CITY-ST-ZIP	
TITLE	DST	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITLEY, ROBERT B.		3.2 NAME	
STREET ADDRESS	2000 PGA BLVD #2204		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PAUL D. ERICKSON		4.2 NAME	
STREET ADDRESS	501 N AIA		4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAURA T. NORMAN		5.2 NAME	
STREET ADDRESS	382 S BEACH RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	G. WILLIAM CLAPP		6.2 NAME	
STREET ADDRESS	630 FIFTH AVENUE, 35th FL		6.3 STREET ADDRESS	
CITY-ST-ZIP	NY, NY 10111		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: _____ 3/26/97 561-743-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300983