SECONÓ NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF GTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

DOCUMENT # V16631 RRT GOLF ENTERPRISES, INC.

APPROVED AND

97 NOV 13 PM 2: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	e of Rusiness	Mailing Address		
Principal Place of Business \$47 GAINSBORO STREET DELTONA FL 32725		547 GAINSBORO STREET DELTONA FL 32725		S. Bate historporated or Qualified 3a. Date or as report
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a, Mailing Address 26 Suite, Apt #, etc.		02/24/1992 05/01/1996 4. FEI Number Applied For Not Applicable 59-3108166 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
City & State		27 City & State		Certificate of Status Desired Fee Required Certificate of Status Desired Fee Required St.00 May Be Trust Fund Contribution Added to Fees
Zip 24	25 Sountry 25 Soundary 9, Name and Address of Curren	Zip 29 3 t Registered Agent	Country [0]	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
840 SUI DEL	OYD, BRUCE W O W NEW YORK AVE ITE A LAND FL 32721	·	83 City	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607,050, egistored agent, or both, in the State in familiar with, and accept the oblige BRUCK W. MION States of registered agent Signature, typed or pointed here of registered agent	2 and 607, 1508, Florida Statutes of Florida, Such change was autitions of, Soction 607,0505, Florid 1 nt and title Papplicable NOT F	, the above-named or thorized by the corpor da Statutes. We gistered Agent signature rec	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12. TITLE NAME STREET ADDRESS	PTSD TIMM, RICK 547 GAINSBORO ST.	DEFFE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELTONA FL	OCCETE	1.4 CHY-S1-7IP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS	200007349342-0 -11/17/97-013666011 Addition ****\$50.00 ****\$50.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2. 4 CHY: ST-ZIP 3.1 THEF 3.2 NAME 3.3 STREET ADDRESS	200002349342-0 -11717797-01132mg=012 Addition *****200.00 *****200.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS		C DITEIE	3.4. CITY - S1 - 7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME		DÉLÉTÉ	4.4 CHY-ST-ZIP 5.1 THUF 5.2 NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DÉLÉTÉ	5.3 STREET ADDRESS 5.4 CHY-ST-ZiP 6.1 THEE 6.2 NAME	Change Addition
STREET ADDRESS City-S1-Zip			6.3 STREET ADDRESS 6.4 CHY-ST-ZIP	

14. I do heroby 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 an attachment with an entiress.

4/24/27