

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # 179598 (8)
1. Corporation Name
FEDERAL GOLF, INC.



Principal Place of Business Mailing Address
**3801 BAYVIEW DRIVE
P.O. BOX 24099
FORT LAUDERDALE FL 33308
US** **C/O CONTROLLER
3801 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308
US**

3. Date Incorporated or Qualified **07/12/1954** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-6060421** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MORRISON, R W
4875 N FEDERAL HWY
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name **MATTHEW S. MCDONALD**
82 Street Address (P.O. Box Number is Not Acceptable) **3801 BAYVIEW DRIVE**
83 **FORT LAUDERDALE FL 33308**
84 City **FORT LAUDEDALE** FL 85 Zip Code **33308**

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 *Matthew S. McDonald* **MATTHEW S. MCDONALD 6-10-96**
Signature of registered agent or new agent (state if non-resident) (NOTE: Registered Agent Signature required when resident) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R T	12 NAME	
STREET ADDRESS	31 PARK STREET	13 STREET ADDRESS	3801 BAYVIEW DR.
CITY-ST-ZIP	MONTCLAIR, NJ 08000	14 CITY-ST-ZIP	FT. LAUDERDALE FL. 33308
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, R W	22 NAME	
STREET ADDRESS	4875 N FEDERAL HWY	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 00000	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R.T., JR.	32 NAME	
STREET ADDRESS	31 PARK STREET	33 STREET ADDRESS	705 FOREST AVE
CITY-ST-ZIP	MONTCLAIR NJ	34 CITY-ST-ZIP	PALO ALTO CA 94301
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R.L.	42 NAME	
STREET ADDRESS	31 PARK STREET	43 STREET ADDRESS	10 BELLECLAIR PL
CITY-ST-ZIP	MONTCLAIR NJ	44 CITY-ST-ZIP	MONTCLAIR, NJ
TITLE	S <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLAHAN, JOHN F.	52 NAME	MC DONALD, MATTHEW
STREET ADDRESS	3801 BAYVIEW DRIVE	53 STREET ADDRESS	3801 BAYVIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL	54 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew S. McDonald* **MATTHEW S. MCDONALD 6-10-96 (954) 564-1271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)

CR2E034 (3/96)