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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 179598 (8)
 1. Corporation Name
FEDERAL GOLF, INC.



Principal Place of Business 3801 BAYVIEW DRIVE P.O. BOX 20698 FORT LAUDERDALE FL 33308 US	Mailing Address C/O CONTROLLER 3801 BAYVIEW DRIVE FORT LAUDERDALE FL 33308-5835 US
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3. Date Incorporated or Qualified 07/12/1954	3a. Date of Last Report 06/14/1996
4. FEI Number 59-6060421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3801 Bayview Drive	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Ft, Lauderdale, FL	City & State 28
Zip 24 33308	Country 25 USA
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**MCDONALD, MATTHEW S
 3801 BAYVIEW DR
 |
 FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, R T	
STREET ADDRESS	3801 BAYVIEW DR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISON, R W	
STREET ADDRESS	4875 N FEDERAL HWY	
CITY - ST - ZIP	FORT LAUDERDALE, FL00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, R.T., JR.	
STREET ADDRESS	705 FOREST AVE	
CITY - ST - ZIP	PALO ALTO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, R.L.	
STREET ADDRESS	10 BELLECLAIR PL	
CITY - ST - ZIP	MONTCLAIR NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTHEW, MCDONALD	
STREET ADDRESS	3801 BAYVIEW DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Matthew S. McDonald **MATTHEW S. MCDONALD** Date: **4-9-97** Daytime Phone #: **954.561.1870**

CR2E034 (9/96)