

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 FORT LAUDERDALE FL 33308 US	Mailing Address C/O CONTROLLER 3801 BAYVIEW DRIVE FORT LAUDERDALE FL 33308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 07/12/1954	
4. FEI Number 59-6060421	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONALD, MATTHEW S
3801 BAYVIEW DR
1
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Darwell, Marjorie		
82 Street Address (P.O. Box Number is Not Acceptable) 3801 Bayview Drive		
83		
84 City Ft. Lauderdale	85 State FL	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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Marjorie Darwell* **Marjorie Darwell, Secretary** **4-21-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	Darwell, Marjorie
5.4 CITY-ST-ZIP	3801 Bayview Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ft. Lauderdale, FL 33308
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Marjorie Darwell* **Marjorie Darwell, Secretary** **(954) 561-1870**
4-21-98

CFR2034 (10/97)