

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 331394

1. Corporation Name  
MANAGEMENT SERVICES GOLF INC

Principal Place of Business: MANAGEMENT SERVICES INC, 3801 BAYVIEW DRIVE, FT LAUDERDALE, FL 33308  
Mailing Address: MANAGEMENT SERVICES INC, 3801 BAYVIEW DRIVE, FT LAUDERDALE, FL 33308

3. Date Incorporated or Qualified: 6/18/68  
3a. Date of Last Report: 5/1/95  
4. FEI Number: 59-1212310  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: 21 3801 BAYVIEW DRIVE, 22 Suite, Apt. #, etc., 23 FT LAUDERDALE, FL, 24 33308, 25 USA  
2a. Mailing Address: 26 3801 BAYVIEW DRIVE, 27 Suite, Apt. #, etc., 28 FT LAUDERDALE, FL, 29 33308, 30 USA

9. Name and Address of Current Registered Agent: MATTHEW S MCDONALD, 3801 BAYVIEW DRIVE, FT 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: *Matthew S McDonald* (NOTE: Registered Agent signature required when reinstating) DATE: 5-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JONES, R.T.	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3801 BAYVIEW DRIVE	CITY-ST-ZIP: FT LAUDERDALE, FL 33308	1.2 NAME:	
TITLE: S	NAME: COOLAHAN, JOHN	1.3 STREET ADDRESS:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3801 BAYVIEW DRIVE	CITY-ST-ZIP: FT LAUDERDALE, FL 33308	1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: JONES, R.L.	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: #10 BELLECLAIR PLACE	CITY-ST-ZIP: MONTCLAIR, NJ	2.2 NAME: MCDONALD, MATTHEW S	
TITLE: VD	NAME: JONES, R.T. JR	2.3 STREET ADDRESS: 3801 BAYVIEW DRIVE	
STREET ADDRESS: 705 FOREST AVENUE	CITY-ST-ZIP: PALO ALTO, CA 94301	2.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33308	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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 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* Date: 5/14/96 Daytime Phone #: 954-564-1271

CR2E034 (12/95)