


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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90006 009 ***300.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 331394
 1. Corporation Name
MANAGEMENT SERVICES GOLF INC



| | |
|---|---|
| Principal Place of Business MANAGEMENT SERVICES INC 3801 BAYVIEW DR FT. LAUDERDALE FL 33308 US | Mailing Address MANAGEMENT SERVICES INC 3801 BAYVIEW DR FT. LAUDERDALE FL 33308 US |
|---|---|

DO NOT WRITE IN THIS SPACE

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/18/1968 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-1212310 | |
| 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 the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**DARWELL, M
 3301 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NONE: 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 DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | |
| TITLE | S <input type="checkbox"/> DELETE | |
| NAME | DARWELL, M | |
| STREET ADDRESS | 3801 BAYVIEW DRIVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | VD <input type="checkbox"/> DELETE | |
| NAME | JONES, R L | |
| STREET ADDRESS | #10 BELLECLAIR PLACE | |
| CITY-ST-ZIP | MONTCLAIR NJ | |
| TITLE | VD <input type="checkbox"/> DELETE | |
| NAME | JONES, R.T., JR. | |
| STREET ADDRESS | 705 FOREST AVENUE | |
| CITY-ST-ZIP | PALO ALTO CA 94301 | |
| TITLE | <input type="checkbox"/> DELETE | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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, with all other like empowered.

SIGNATURE: *Marjorie Darwell* 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)