


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 764684 (7)</b> 1. Corporation Name <b>MIAMI GOLF CONNECTION, INCORPORATED</b>					
Principal Place of Business <b>1161 NW 45 STR MIAMI FL 33127 US</b>		Mailing Address <b>1161 NW 45 STR MIAMI FL 33127 US</b>		3. Date Incorporated or Qualified <b>08/23/1982</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <b>59-2116703</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>WALLACE, MAURICE J. 1161 NW 45 STR MIAMI FL 33127</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	WRIGHT, CLEWIS J				
STREET ADDRESS	1055 NW 110 ST				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	HEATH, ROBERT				
STREET ADDRESS	17221 NW 9TH PL				
CITY-ST-ZIP	MIAMI FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	PERRY, WILLIE				
STREET ADDRESS	1450 NW 175 TERR				
CITY-ST-ZIP	MIAMI FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	WALLACE, MAURICE J				
STREET ADDRESS	1161 NW 45TH ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SMITH, EDDIE				
STREET ADDRESS	9170 TAFT ST				
CITY-ST-ZIP	PEMBROOKE PINES 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address					
SIGNATURE: <u>Maurice J. Wallace - Maurice J. Wallace</u> 2/9/98 (305) 757-4464					

CR2E037 (1097)