

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

FILED
Apr 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

DOCUMENT # G16994 (7)
 1. Corporation Name
GOLFEX, INC.



Principal Place of Business Mailing Address
1500 SAN REMO AVE #245 **1500 SAN REMO AVE #245**
CORAL GABLES FL 33146-3047 **CORAL GABLES FL 33146-3047**
US **US**

3. Date Incorporated or Qualified **01/04/1983** 3a. Date of Last Report **03/19/1996**
 4. FEI Number **59-2319426** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.
 22 **Suite 237** 27 **Suite 237**
 City & State City & State
 23 Zip Country 28 Zip Country
 24 **33146-3047** 25 **US** 29 **33146-3047** 30 **US**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HUGHEY, BONNIE J. 81 Name
1500 SAN REMO AVE #239 82 Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33146-3047 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	V/AS/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, BONNIE J.	1.2 NAME	Hughey, Bonnie J.
STREET ADDRESS	1500 SAN REMO AVE #239	1.3 STREET ADDRESS	1500 San Remo Ave., Suite 239
CITY-ST-ZIP	CORAL GABLES FL 47	1.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID F.	2.2 NAME	Young, David F.
STREET ADDRESS	1500 SAN REMO AVE #245	2.3 STREET ADDRESS	1500 San Remo Ave., Suite 245
CITY-ST-ZIP	CORAL GABLES FL 54	2.4 CITY-ST-ZIP	Coral Gables, FL 33146-3054
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, BONNIE J.	3.2 NAME	
STREET ADDRESS	1500 SAN REMO AVE #239	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 47	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Bonnie J. Hughey* **REQUIRED** **4/3/97** **(305) 662-9324**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Bonnie J. Hughey, Vice President/Asst. Secretary/Treasurer** Date

CR2E034 (9/96)