

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

FILED
Apr 09 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 # G16994 (7)
 1. Corporation Name
GOLFEX, INC.



Principal Place of Business 1500 SAN REMO AVE #245 STE 237 CORAL GABLES FL 33146-3047 US	Mailing Address 1500 SAN REMO AVE #245 STE 237 CORAL GABLES FL 33146-3047 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1983	
4. FEI Number 59-2319426	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12908 Air Way Street Suite, Apt. #, etc.		2a. Mailing Address 26 12908 Air Way Street Suite, Apt. #, etc.						
22 City & State 23 Panama City, Florida		27 City & State 28 Panama City, Florida						
24 Zip 32404-2833	25 Country US	29 Zip 32404-2833	30 Country US					
9. Name and Address of Current Registered Agent HUGHEY, BONNIE J. 1500 SAN REMO AVE #239 CORAL GABLES FL 33146-3047		10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name Judith C. Young </td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 12908 Air Way Street </td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City Panama City, FL </td> </tr> <tr> <td>85 Zip Code 32404-2833 </td> </tr> </table>		81 Name Judith C. Young	82 Street Address (P.O. Box Number is Not Acceptable) 12908 Air Way Street	83	84 City Panama City, FL	85 Zip Code 32404-2833
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84 City Panama City, FL								
85 Zip Code 32404-2833								

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: *Judith C. Young* DATE: **4-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VAST	<input type="checkbox"/> DELETE	1.1 TITLE VAST	<input 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 18495 S. Dixie Hwy., B102	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP Miami, FL 33157	
TITLE PSD	<input type="checkbox"/> DELETE	2.1 TITLE PSD	<input 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 12908 Air Way Street	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP Panama City, FL 32404-2833	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 owner 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 in the appropriate block if not.

SIGNATURE: *[Signature]* President April 3, 1998 870 871 3750

CR2E034 (10/97)