

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:24

DOCUMENT # **G98049** (1)
1. Corporation Name
ROLAND STAFFORD GOLF SCHOOL, INC.

Principal Place of Business Mailing Address
4328 C HAZEL AVE 4328 C HAZEL AVE
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1984** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-2404054** 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Subd. Apt. #, etc. 26. State Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
MCWEBB, RUTH
613 ROYAL CREST WAY
BRANDON FL 33511

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 607.0503 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 this 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 of current registered agent and the filer) _____ (Signature of new registered agent) _____ (Date)

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **STAFFORD, ROLAND**
STREET ADDRESS **4328 HAZEL AVENUE**
CITY - ST - ZIP **PALM BEACH GRDNS FL**
TITLE **DSP**
NAME **STAFFORD, SUSAN P.**
STREET ADDRESS **4328 HAZEL AVENUE**
CITY - ST - ZIP **PALM BEACH GRDNS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 manage the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Susan Stafford* **SUSAN STAFFORD** 3/23/95 407-626-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter Number