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**Mar 05 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 # J38993 (8)
1. Corporation Name
GOLF CONCEPTS, INC.



Principal Place of Business Mailing Address
**CHRISTOPHER MURMAN
2323 HIGHWAY 127
PERRY GA 31069
US**

3. Date Incorporated or Qualified **10/22/1986** 3a. Date of Last Report **04/18/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 58-1709333	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
Subs. Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country	
Country		Country		Country		Country		Country		Country	

9. Name and Address of Current Registered Agent
**MURMAN, CHRISTOPHER
12749 W. HILLSBOROUGH
TAMPA, FL 33601**

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

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 firm in with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MURMAN, CHRISTOPHER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURMAN, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	HWY 127	1.3 STREET ADDRESS	
CITY - ST - ZIP	PERRY GA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, ALLEN S., SR.	2.2 NAME	
STREET ADDRESS	12749 W. HILLSBOROUGH	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, ALLEN S JR	3.2 NAME	
STREET ADDRESS	6558 WESTMINSTER PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	3.4 CITY - ST - ZIP	
TITLE		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		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		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, unchanged or on a separate attachment with an address.

SIGNATURE: *Allen S. Braswell* Date: **2/25/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)