


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 20 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J39196 (7)**

1. Corporation Name  
**THE STERN GROUP, INC.**



Principal Place of Business C/O CHRISTOPHER MURMAN 2323 HIGHWAY 127 PERRY GA 31069 US	Mailing Address MURMAN, CHRISTOPHER 2323 HIGHWAY 127 PERRY GA 31069 US
---	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/23/1986</b>	Applied For Not Applicable
4. FEI Number <b>59-2854310</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MURMAN, CHRISTOPHER**  
**14801 MCCORMICK DR**  
**TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRASWELL, ALLEN S., SR.</b>	1.2 NAME	
STREET ADDRESS	<b>14801 MCCORMICK DR</b>	1.3 STREET ADDRESS	<b>TWO SEASIDE LANE #102</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>BELLEAIR, FL 33756</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRASWELL, ALLEN S., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>4801 CROMWELL AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURMAN, CHRISTOPHER</b>	3.2 NAME	
STREET ADDRESS	<b>2323 HIGHWAY 127</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	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 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: *[Signature]* 8-11-98 929873046

CR2E034 (5/98)



**Bollenback & Forret p.a.**

CERTIFIED PUBLIC ACCOUNTANTS  
AND CONSULTANTS

George W. Bollenback  
Peter B. Forret  
Michael D. Bollenback  
Richard A. Cristini

Date 8/7/98

Name CHRIS MURMAN  
RE: THE STERN GROUP, INC.

Your 1998 State of Florida Corporation Annual Report is enclosed for your review and filing. Please follow these instructions:

Date, sign and mail to Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, Florida 32302-1500 no later than 9/30/98.

Enclose a check, payable to "Secretary of State", in the amount of \$ 550.00.

\_\_\_\_\_

The client copy is for your records.

CHRIS -  
IT IS IMPORTANT THAT YOU PAY THIS  
AS SOON AS POSSIBLE SO THAT WE  
CAN PROCEED WITH THE MERGER  
INTO GOLF CONCEPTS.  
CALL IF ANY QUESTIONS.  
THANKS!  
*Mike*

BOLLENBACK & FORRET, P.A.

ANNUAL.PER



The CPA. Never Underestimate The Value.