FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J59625** **(0)**

1. Corporation Name

TEE'D OFF MINITURE GOLF, INC.

Principal Place of Business	Mailing Address
134 VIN ROSE CIR SE PALM BAY FL 32909 US	134 SE VIN ROSE CIRCLE PALM BAY FL 32909 US

3. Date Incorporated or Qualified: **02/24/1987**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2770222** ☐ 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
21 134 VIN ROSE CIR	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM BAY, FL BREVARD	28 City & State
24 Zip: 32909 25 Country: BREVARD	29 Zip 30 Country

9. Name and Address of Current Registered Agent

BIRKHAUSER, WALTER
1339 MALABAR RD, NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: WALTER BIRKHAUSER
82 Street Address (P.O. Box Number is Not Acceptable): 134 VIN ROSE CIR. SE
83
84 City: PALM BAY FL 85 Zip Code: 32909

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 _____ DATE 4/16/96
Signature of, & printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BIRKHAUSER, WALTER		1.2 NAME		
STREET ADDRESS	134 VIN ROSE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, PATRICIA		2.2 NAME		
STREET ADDRESS	1211 MONUMENT AVE, SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ W. BIRKHAUSER 4/16/96 728-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)