

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K53982** (0)

1. Corporation Name

THE WEEK GOLF COMPANY, INC.



Principal Place of Business

% KEVIN F. RICHARDSON
1551 FORUM PL. SUITE 300-C
W. PALM BCH FL 33401-2386

Mailing Address

% KEVIN F. RICHARDSON
1551 FORUM PL. SUITE 300-C
W. PALM BCH FL 33401-2386

3. Date Incorporated or Qualified
12/16/1988

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0107339

Applied For
Not Applicable

22. Suite, Apt. #, etc.
Suite 300F
City & State

26. Suite, Apt. #, etc.
Suite 300F
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, KEVIN F.
1551 FORUM PL
SUITE 300-C
W. PALM BCH FL 33401

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 607.0502 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

Signature of the person filing this report as required by the law.

Printed Name of Agent as required when registering.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD RICHARDSON, KEVIN F. 1551 FORUM PLACE, #300-C W. PALM BCH FL	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE

13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 2. TITLE 2. NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in change 1, or on an attachment with an address.

SIGNATURE: **Kevin F. Richardson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.17.96 402 471 9600
Date Registered

CR2E034 (12/95)