


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90003 018 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N98000004074 | | | | | |
| 1. Corporation Name FLORIDA ADAPTIVE GOLF, INC. | | | | | |
| Principal Place of Business 741 SOUTH BENEVA ROAD SARASOTA FL 34232 | | | Mailing Address 741 SOUTH BENEVA ROAD SARASOTA FL 34232 | | |



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|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 07/13/1998 | |
| | | | | 4. FEI Number 65-0855020 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent GOODLANDER, PAUL B 3695 BREEZEMONT DRIVE SARASOTA FL 34232 | | | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | C/D/T/M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Paul B. Goodlander |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3695 Breezement Drive |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Sarasota FL 34232 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | D-Business <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Gene Kushim |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4002 52nd Drive West |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Bradenton FL 34210 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | D-marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Joseph C. Galloway |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3234 Dante Drive |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Sarasota FL 34235 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | S/D office manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Betty Crosley |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 315 Bobby Jones Road |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Sarasota FL 34232 |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul B. Goodlander** **EQUIPPED B. Goodlander 3/25/99 (941) 957 0310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #