

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000003337 (2)

1. Corporation Name
JIM FAZIO INTERNATIONAL GOLF DESIGN, INC.



Principal Place of Business 14255 US HWY 1 SUITE 203 JUNO BEACH FL 33408	Mailing Address 14255 US HWY 1 SUITE 203 JUNO BEACH FL 33408-1405
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3. Date Incorporated or Qualified 11/04/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 140 Intracoastal Pointe Dr. Suite, Apt. #, etc. Suite 110 City & State Jupiter FL Zip 33477 Country	2a. Mailing Address 26 140 Intracoastal Pointe Dr. Suite, Apt. #, etc. Suite 110 City & State Jupiter FL Zip 33477 Country
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4. FEI Number 65-0371030	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FAZIO, VINCENT M
14255 US HWY 1
SUITE 203
JUNO BEACH FL 33408**

Address only

10. Name and Address of New Registered Agent

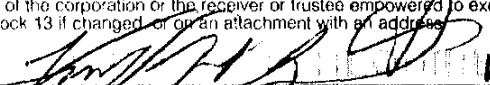
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	140 Intracoastal Pointe Dr.
83	Suite 110
84 City	Jupiter
85 Zip Code	FL 33477

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 _____
Signature typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, VINCENT M	1.2 NAME	
STREET ADDRESS	14255 US HWY 1 #203	1.3 STREET ADDRESS	140 Intracoastal Pointe Dr, #110
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, JAMES M.	2.2 NAME	
STREET ADDRESS	14255 US HWY 1 #203	2.3 STREET ADDRESS	140 Intracoastal Pointe Dr, #110
CITY-ST-ZIP	JUNO BEACH FL 33408	2.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, THOMAS J.	3.2 NAME	
STREET ADDRESS	14255 US HWY 1 #203	3.3 STREET ADDRESS	140 Intracoastal Pointe Dr, #110
CITY-ST-ZIP	JUNO BEACH FL 33408	3.4 CITY-ST-ZIP	Jupiter FL 33477
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 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 if changed or on an attachment with an address.

SIGNATURE:  **VINCENT M FAZIO** **1/20/97** **(561) 575-0249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)