

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 # P93000031722 (0)

1. Corporation Name

NINETEENTH HOLE, INC.



Principal Place of Business

Mailing Address

6196 S.FEDERAL HWY.
STUART FL 34996

7557 SE PELICAN WAY
HOBE SOUND FL 33455

3. Date Incorporated or Qualified

04/30/1993

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3178413

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, RICHARD J
7557 S.E. PELICAN WAY
HOBE SOUND FL 33455

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, 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	DPT	<input type="checkbox"/> DELETE
NAME	BURNS, RICHARD J	
STREET ADDRESS	7557 SE PELICAN WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, THERESA M	
STREET ADDRESS	7557 SE PELICAN WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	M	<input type="checkbox"/> DELETE
NAME	BURNS, STEPHEN R	
STREET ADDRESS	8 APPETREE LN	
CITY-ST-ZIP	WILMINGTON MA 01887	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, MICHAEL J	
STREET ADDRESS	37 CLIFFR AVE.	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BURNS, ROBERT J	
STREET ADDRESS	37 CLIFFE AVE.	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BURNS, ARLINE A	
STREET ADDRESS	37 CLIFFE AVE.	
CITY-ST-ZIP	LEXINGTON MA 02173	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURNS V/A Michael
4.3 STREET ADDRESS	37 CLIFFE AVE
4.4 CITY-ST-ZIP	Lexington Mass. 02173
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BURNS ARLINE S/C
6.3 STREET ADDRESS	37 Cliffe Ave
6.4 CITY-ST-ZIP	Lexington Mass 02173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

Daytime Phone #

CR2E034 (12/95)