

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000031722 (0)**  
1. Corporation Name  
**NINETEENTH HOLE, INC.**



Principal Place of Business <b>6196 S.FEDERAL HWY. STUART FL 34996</b>	Mailing Address <b>7557 SE PELICAN WAY HOBE SOUND FL 33455-6231</b>
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3. Date Incorporated or Qualified <b>04/30/1993</b>	3a. Date of Last Report <b>04/19/1996</b>
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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
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4. FEI Number <b>59-3178413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BURNS, RICHARD J  
7557 S.E. PELICAN WAY  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>37 Cliffe Ave</b>
3.4 CITY - ST - ZIP	<b>Lexington MA 02173</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>Lexington MA 02173</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 reports 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-11-97** DAYTIME PHONE: **561-546-7349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard J. Burnes**

CR2E034 (9/96)