

**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 # P93000070019 (3)**

1. Corporation Name  
**LEVEL BEST GOLF, INC.**



Principal Place of Business: **12114 SEMINOLE BLVD. LARGO FL 34648**  
Mailing Address: **12114 SEMINOLE BLVD. LARGO FL 34648**

|                                |  |                     |  |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  |
| 21                             | <b>11800-28th Street North</b>           | 26                  | <b>11800-28th Street, North</b>          |
| 22                             | Suite, Apt. #, etc.                      | 27                  | Suite, Apt. #, etc.                      |
| 23                             | City & State<br><b>St. Petersburg FL</b> | 28                  | City & State<br><b>St Petersburg, FL</b> |
| 24                             | Zip<br><b>33716</b>                      | 29                  | Zip<br><b>33716</b>                      |
| 25                             | Country<br><b>Pinellas</b>               | 30                  | Country<br><b>Pinellas</b>               |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/01/1993</b>   | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 4. FEI Number<br><b>59-3205644</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**

**SOLOMON, FRED L  
12114 SEMINOLE BLVD  
LARGO FL 34648**

**10. Name and Address of New Registered Agent**

|    |   |
|----|---|
| 81 | Name  |
| 82 | Street Address (P.O. Box Number is Not Acceptable)<br><b>11800-28th Street, NORTH</b> |
| 83 |   |
| 84 | City<br><b>St Petersburg</b>  |
| 85 | Zip Code<br><b>FL 33716</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

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

(NOTE: Registered Agent's signature is required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
|----------------------------|--|--|
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SOLOMON, JAMES G</b>                  | 1.2 NAME   |
| STREET ADDRESS             | <b>4101 KIPLING AVE</b>                  | 1.3 STREET ADDRESS   |
| CITY-ST-ZIP                | <b>PLANT CITY FL 33567</b>               | 1.4 CITY-ST-ZIP  |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SOLOMON, FRED L</b>                   | 2.2 NAME   |
| STREET ADDRESS             | <b>12114 SEMINOLE BLVD</b>               | 2.3 STREET ADDRESS<br><b>11800-28th Street North</b>                                   |
| CITY-ST-ZIP                | <b>LARGO FL 34648</b>                    | 2.4 CITY-ST-ZIP<br><b>ST Petersburg FL 33716</b>                                       |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SANDERS, PATRICIA A</b>               | 3.2 NAME   |
| STREET ADDRESS             | <b>11680 SHIPWATCH DR 1452</b>           | 3.3 STREET ADDRESS   |
| CITY-ST-ZIP                | <b>LARGO FL 34644</b>                    | 3.4 CITY-ST-ZIP  |
| 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 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:

*Patricia A. Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-96**  
Date

**813-571-3545**  
Telephone #

CR2E034 (12/95)