

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
11800-28TH ST NORTH
ST PETERSBURG FL 33716
US

Mailing Address
11800-28TH ST NORTH
ST PETERSBURG FL 33716-1815
US

3. Date Incorporated or Qualified 10/01/1993
3a. Date of Last Report 04/04/1996

2. Principal Place of Business
21. 14561 58th STREET NORTH
Suite, Apt. #, etc.

2a. Mailing Address
26. 14561 58th STREET NORTH
Suite, Apt. #, etc.

4. FEI Number 59-3205644
Applied For Not Applicable

22. City & State
23. Clearwater, Florida

27. City & State
28. Clearwater, Florida

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 34620
25. Country Pinellas

29. Zip 34620
30. Country Pinellas

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

SOLOMON, FRED L
11800-28TH ST NORTH
ST PETERSBURG FL 33716

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14561 58th STREET NORTH
83
84 City Clearwater FL 85 Zip Code 34620

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: *Fred L Solomon*
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	V	<input type="checkbox"/> DELETE
NAME	SOLOMON, JAMES G	
STREET ADDRESS	4101 KIPLING AVE	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SOLOMON, FRED L	
STREET ADDRESS	11800-28TH ST NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDERS, PATRICIA A	
STREET ADDRESS	11880 SHIPWATCH DR 1452	
CITY - ST - ZIP	LARGO FL 34844	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14561 58th STREET NORTH
2.4 CITY - ST - ZIP	CLEARWATER, Florida 34620
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 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

CR2E034 (9/96)