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FILED
Mar 17 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 # P93000084409 (0)

1. Corporation Name
RELIABLE GOLF PRODUCTS, INC.



Principal Place of Business: **155 BLUCHER CIRCLE SUITE 9 BOX 102 LAKE WYLIE SC 29710 US**

Mailing Address: **155 BLUCHER CIRCLE SUITE 9 BOX 102 LAKE WYLIE SC 29710-7044 US**

2. Principal Place of Business (21-24)
 Suite, Apt. #, etc. (22)
 City & State (23)
 Zip (24) Country (25)

2a. Mailing Address (26-30)
 Suite, Apt. #, etc. (27)
 City & State (28)
 Zip (29) Country (30)

3. Date Incorporated or Qualified: **12/06/1993**

3a. Date of Last Report: **03/22/1996**

4. FEI Number: **65-0456722** 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
**HYOTLAINE, WILLIAM K
 6301 THISTLE TERRACE
 PALM CITY FL 34990**

10. Name and Address of New Registered Agent (81-85)
 Name (81)
 Street Address (P.O. Box Number is Not Acceptable) (82)
 City (84) State (85) Zip Code (85)

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, Sect. 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature type is printed name of agent, officer or director (delete) (FFBI) Registered Agent's name required when incorporating

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HYOTLAINE, WILLIAM K	
STREET ADDRESS	6301 THISTLE TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HYOTLAINE, JOYCE M	
STREET ADDRESS	6301 THISTLE TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, CHRISTOPHER C	
STREET ADDRESS	6301 THISTLE TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SMITH, JOSETTE M	
STREET ADDRESS	6301 THISTLE TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Christopher C Smith*

3/10/97

CR2E034 (9/96)