

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 MAY 18 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Murphree
 Secretary of State
 TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **P94000081780 (6)**
 USA GOLF PROPERTIES, INC.

21. Principal Office Location: 2180 PARK AVE., NORTH SUITE 328 WINTER PARK FL 32789
 22. Mailing Address: 2180 PARK AVE., NORTH SUITE 328 WINTER PARK FL 32789

23. Suite, Apt. # or P.O. Box: SUITE 300
 24. City: WINTER PARK
 25. State: FL
 26. Zip: 32789

3. Date of Organization: 11/08/1994
 4. FEI Number: 59-3278634
 5. Certificate of Status Desired: X \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This Corporation has liability for intangible tax under s. 199.07 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
 HARKINS, RICHARD C
 2180 PARK AVE., NORTH
 SUITE 300
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent:
 B1. Name:
 B2. Street Address (P.O. Box Number is Not Acceptable):
 B3. City:
 B4. State: FL B5. Zip Code:

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:

NAME	D HARKINS, RICHARD C 2180 PARK AVE., NORTH WINTER PARK FL 32789
NAME	D HARRIS, BOBBY J 26880 WEDGEWOOD DRIVE #304 BONITA SPRINGS FL 32923
NAME	D MCDONALD, RICHARD K 2173 S. VILLA DRIVE GIBSONIA PA 15044
NAME	D MEYER, EDWARD J 2180 PARK AVE., NORTH WINTER PARK FL 32789
NAME	D RICH, WAYNE A P.O. BOX 1911 N/A ORLANDO FL 32806
NAME	D BIGNON, EDWARD R 5981 CHESAPEAKE PARK ORLANDO FL 32819

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

NAME	ADD - SUITE 300
NAME	ADD - SUITE 300

14. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Richard C. Harkins* RICHARD C. HARKINS, PRES 5/10/95 407-740-7886

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FLORIDA DEPARTMENT OF STATE
SHIRLEY B. TAYLOR
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

1995 MAY 15

DOCUMENT # P94000082146 (9)

YOUR HEALTH SHOP INC. III

Section 1: Current and New Registered Agent Information. Includes fields for name, address, county, and date of filing. Current agent: GREY, JASON P, 2225 CORAL WAY, MIAMI FL 33145. New agent: 401 BISCAYNE BLVD. 230 BAYSIDE CENTER, MIAMI FL 33132.

Section 2: Declaration of the filer. Includes a declaration of accuracy and a signature line. Signature: Paul Rogoff.

Table 1: Officers and Directors. Columns include Name, Address, and a checkbox for inclusion in the report. Entries include DCP ROGOFF, PAUL and DST ROGOFF, ARLENE, both at 540 LINCOLN RD, MIAMI BEACH FL 33139.

Section 3: Signature and Date. Includes a signature line and the date 5/10/95. Also includes the phone number 1-305 673 1009.

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
MAY 10 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082669 (0)**

1. Corporation Name
B.L.S. & C., INC.

2. Principal Place of Business / Mailing Address
**597 ASBURY AVE., N.E.
PALM BAY FL 32907**

3. Date of Organization or Reorganization: **11/08/1994**
3a. Date of Last Report

21. Principal Place of Business / 21a. Mailing Address
1090 HIGHWAY A-1-A

4. FIC Number: Applied For / Not Applicable

22. State App # etc. / 22a. State App # etc.
214

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

23. City & State / 23a. City & State
SATELLITE BEACH FLORIDA

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip / 24a. County / 24b. Zip / 24c. County
32937 BREVARD

8. This corporation has liability for intangible tax under § 198.002 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent
**KANCLIA, JOHN R ESO
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

10. Name and Address of Now Registered Agent
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 601, 603, and 604, 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 604, Florida Statutes.

SIGNATURE: _____ (Signature of person filing this report) _____ (Signature of registered agent)

12. OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 NAME	PUTZ, RICHARD A
12.3 STREET ADDRESS	597 ASBURY AVE., N.E.
12.4 CITY, ST, ZIP	PALM BAY FL 32907
12.5 NAME	D
12.6 NAME	PUTZ, CELESTINE M
12.7 STREET ADDRESS	597 ASBURY AVE., N.E.
12.8 CITY, ST, ZIP	PALM BAY FL 32907
12.9 NAME	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change / <input checked="" type="checkbox"/> Addition
13.2 NAME	D/P/C
13.3 STREET ADDRESS	PUTZ, RICHARD A.
13.4 CITY, ST, ZIP	SAME
13.5 NAME	<input type="checkbox"/> Change / <input checked="" type="checkbox"/> Addition
13.6 NAME	D/S/I
13.7 STREET ADDRESS	PUTZ, CELESINE M.
13.8 CITY, ST, ZIP	SAME
13.9 NAME	<input type="checkbox"/> Change / <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change / <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and qualify for the exemption stated in Section 198.002, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate, and that my separate signature has the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report, or on an affidavit with an address.

SIGNATURE: *Celestine M. Putz* **CELESTINE M. PUTZ** **5-15-95** **779-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR