

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

**FILED**

**Feb 27 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 # P94000086348 (7)**

**1. Corporation Name  
KENDALL GOLF MANAGEMENT, INC.**



**Principal Place of Business**  
3030 LBJ FREEWAY  
SUITE 350  
DALLAS TX 75234

**Mailing Address**  
3030 LBJ FREEWAY  
SUITE 350  
DALLAS TX 75234-2786

**3. Date Incorporated or Qualified** 11/21/1994  
**3a. Date of Last Report** 07/16/1996

**2. Principal Place of Business**

**4. FEI Number** 75-2569192  
Applied For Not Applicable

**21** Suite, Apt. #, etc.

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

**22** City & State

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

**23** Zip Country

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**24** **25** **29** **30**

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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 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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>HINCKLEY, JAMES M</b> <b>3030 LBJ FREEWAY 7TH FLOOR</b> <b>DALLAS TX 75234</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>LUPTON, JACK T JR</b> <b>3030 LBJ FREEWAY 5TH FLOOR</b> <b>DALLAS TX 75234</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>ARTZ, BERYL E</b> <b>3030 LBJ FREEWAY 5TH FLOOR</b> <b>DALLAS TX 75234</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>JAHNKE, JEFFREY</b> <b>3030 LBJ FREEWAY SUITE 700</b> <b>DALLAS TX 75234</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE

<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b>	
<b>13 STREET ADDRESS</b>	
<b>14 CITY - ST - ZIP</b>	
<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY - ST - ZIP</b>	
<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	
<b>34 CITY - ST - ZIP</b>	
<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY - ST - ZIP</b>	
<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY - ST - ZIP</b>	
<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY - ST - ZIP</b>	

**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:** *Jeffrey B. Jahnke* **2-20-97**  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)