

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 # **S64655** (1)

1. Corporation Name

THE KEN VENTURI GOLF TRAINING CENTER, INC.



Principal Place of Business

Mailing Address

7600 DR PHILLIPS BLVD.
SUITE 72
ORLANDO FL 32619

7600 DR PHILLIPS BLVD
SUITE 72
ORLANDO FL 32619
US

3. Date Incorporated or Qualified
07/03/1991

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **8075 Orlando Avenue**

26 **Same 8075 S Orlando Ave**

4. FEI Number
59-3137727

Applied For
Not Applicable

22 **Ste 72 Suite H**

27 **Suite H**

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

23 **Orlando FL**

28 **Orlando FL**

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

24 **32789** 25 **Orange**

29 **32789** 30 **Orange**

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

**DAVIS, ROBERT G.
7600 DR. PHILLIPS BLVD.
SUITE 72
ORLANDO FL 32619**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **Orlando** 85 Zip Code **32619**

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, if not a director or officer

Danny O'Neil, Registered Agent

Signature, typed or printed name of registered agent, if not a director or officer

DATE

1/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBERT G.	
STREET ADDRESS	4002 GOLFSIDE DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32808	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'NEIL, DANNY	
STREET ADDRESS	6246 DONEGAL DRIVE	
CITY - ST - ZIP	ORLANDO FL 32619	
TITLE	C	<input type="checkbox"/> DELETE
NAME	VENTURI, KEN	
STREET ADDRESS	1232 ORANGE COURT	
CITY - ST - ZIP	MARCO ISLAND FL 33937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Gillis, James W.	
3. STREET ADDRESS	607 W. Third Street, Suite 2	
4. CITY - ST - ZIP	Defiance, OH 43512	
1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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:

Danny O'Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96
DATE

407-629-8667
TELEPHONE NUMBER

CR2E034 (12/95)