

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 12:29

DOCUMENT # P92000003337 (2)

1. Corporation Name

JIM FAZIO INTERNATIONAL GOLF DESIGN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1225 US HWY ONE
STE 203
JUNO BEACH FL 33408** **1225 US HWY ONE
STE 203
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/04/1992 **06/07/1994**

4. FEI Number Applied For
65-0371030 Not Applicable

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

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

8. This corporation has liability for intangible tax under G. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**FAZIO, VINCENT M
1225 US HWY ONE
STE 203
JUNO BEACH FL 33408**

10. Name and Address of New 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 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 and the filer, if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY ST ZIP	2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY ST ZIP	3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY ST ZIP	4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY ST ZIP	5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY ST ZIP	6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY ST ZIP
	PST FAZIO, VINCENT M	1225 US HWY ONE #203	JUNO BEACH FL																								
	V FAZIO, JAMES M.	113 SCHOONER LANE	JUPITER FL																								
	V FAZIO, THOMAS J.	10121 DAPHNE AVE.	PALM BCH. GARDENS FL																								

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 110.07(3)(b), 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 added in attachment with an address.

SIGNATURE: **VINCENT M. FAZIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT M. FAZIO 4/11/95
Date (407) 743-2775
Telephone Number