

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000094932 (7)**

1. Corporation Name:
3192 GOLF, INC.



Principal Place of Business:
**106 EAST MAIN STREET
WAUCHULA FL 33873**

Mailing Address:
**106 EAST MAIN STREET
WAUCHULA FL 33873**

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

3. Date Incorporated or Quoted	3a. Date of Last Report
	12/14/1995
4. FEI Number	Applied For
65-0622647	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CREWS, JAMES W JR
106 EAST MAIN STREET
WAUCHULA FL 33873**

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 607.1506, 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 607.0106, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	CREWS, JAMES W JR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	106 EAST MAIN STREET	13 STREET ADDRESS	
CITY, ST, ZIP	WAUCHULA FL 33873	14 CITY, ST, ZIP	
TITLE	NAME	21 TITLE	22 NAME
VSTD	HANCHEY, ROBERT E SR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	106 EAST MAIN STREET	23 STREET ADDRESS	
CITY, ST, ZIP	WAUCHULA FL 33873	24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	32 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	42 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	52 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	62 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied to be true, correct, and does not constitute the company as stated in Section 119.07, 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 or powerholder provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
941-773-4151

CR2E034 (12/95)