

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 # **P92000003337 (2)**

1. Corporation Name
JIM FAZIO INTERNATIONAL GOLF DESIGN, INC.



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

3. Date Incorporated or Qualified **11/04/1992** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **14255 US HWY 1** 26 **14255 US HWY 1**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 203** 27 **SUITE 203**
City & State City & State
23 **JUNO BEACH FL** 28 **JUNO BEACH FL**
Zip Country Zip Country
24 **33408** 25 **USA** 29 **33408** 30 **USA**

4. FEI Number **65-0371030** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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
FAZIO, VINCENT M
1225 US HWY ONE
STE 203
JUNO BEACH FL 33408
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **14255 US Hwy 1 #203**
83
84 City **FL** 85 Zip Code

Address only →

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, VINCENT M	1.2 NAME	
STREET ADDRESS	1225 US HWY ONE #203	1.3 STREET ADDRESS	14255 US Hwy 1 #203
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, JAMES M.	2.2 NAME	
STREET ADDRESS	113 SCHOONER LANE	2.3 STREET ADDRESS	14255 US Hwy 1 #203
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, THOMAS J.	3.2 NAME	
STREET ADDRESS	10121 DAPHNE AVE.	3.3 STREET ADDRESS	14255 US Hwy 1 #203
CITY-ST-ZIP	PALM BCH. GARDENS FL	3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500001833945
STREET ADDRESS		5.3 STREET ADDRESS	-05/22/96--01020--037
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Vincent M Fazio* **VINCENT M FAZIO** 1-24-96 (407) 627-3208
Date Daytime Phone #

CR2E034 (12/95)