

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

FILED

**Mar 10 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P92000003337 (2)

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



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| Principal Place of Business 14255 US HWY 1 SUITE 203 JUNO BEACH FL 33408 | Mailing Address 14255 US HWY 1 SUITE 203 JUNO BEACH FL 33408-1405 |
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| 3. Date Incorporated or Qualified 11/04/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0371030 | Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 140 Intracoastal Pointe Dr. Suite, Apt. #, etc. Suite 110 City & State Jupiter FL Zip 33477 Country | 2a. Mailing Address 26 140 Intracoastal Pointe Dr. Suite, Apt. #, etc. Suite 110 City & State Jupiter FL Zip 33477 Country |
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9. Name and Address of Current Registered Agent

**FAZIO, VINCENT M
14255 US HWY 1
SUITE 203
JUNO BEACH FL 33408**

Address only

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
140 Intracoastal Pointe Dr.
83 **Suite 110**
84 City **Jupiter** 85 Zip Code **FL 33477**

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 _____ DATE _____
Signature typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE PST | FAZIO, VINCENT M 14255 US HWY 1 #203 JUNO BEACH FL 33408 | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V | FAZIO, JAMES M. 14255 US HWY 1 #203 JUNO BEACH FL 33408 | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V | FAZIO, THOMAS J. 14255 US HWY 1 #203 JUNO BEACH FL 33408 | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Vincent M Fazio* **VINCENT M FAZIO** **1/20/97** **(561) 575-0249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)