

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90052 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003113

1. Corporation Name
B & B NATURAL GOLF, INC.



Principal Place of Business: 911 WESTMINSTER DR. WILLIAMSPORT PA 17701
 Mailing Address: 911 WESTMINSTER DR. WILLIAMSPORT PA 17701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1998
 4. FEI Number: 98-0155413
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 12601 N US Highway 301
 Suite, Apt. #, etc.: 22
 City & State: 23 Thonotosassa, FL
 Zip: 24 33592 Country: 25 U.S.
 2a. Mailing Address: 26 Same
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
POWERS, BRADLEY
B & B NATURAL GOLF
12601 N US HWY. 301
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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] DATE: 4/18/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP WILLIAMS, JACK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUR CORNERS, AIRPORT RD.	1.2 NAME	
STREET ADDRESS	GRAND TURK, T&C IS	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD WILLIAMS, KATHLEEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUR CORNERS, AIRPORT RD.	2.2 NAME	
STREET ADDRESS	GRAND TURK, T&C IS	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	C HARRIS, PAUL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 E. COUNTYLINE, N-C172	3.2 NAME	
STREET ADDRESS	HIGHLANDS RANCH CO 80126	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D POWERS, FRANCIS M JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1625 ELLIOTT ST.	4.2 NAME	
STREET ADDRESS	WILLIAMSPORT PA 17701	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D POWERS, CARYN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1625 ELLIOTT ST.	5.2 NAME	
STREET ADDRESS	WILLIAMSPORT PA 17701	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T RETFERFORD, LES R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 E. COUNTYLINE N-C172	6.2 NAME	
STREET ADDRESS	HIGHLANDS RANCH CO 80726	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/18/99 DAYTIME PHONE #: (813) 986-1806

CR2E034 (1/98)