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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400005571 (4)

HIGH-TECH GOLF, INC.

Principal Place	e of Business	Mailing Address				
P.O. BOX 688 TEMECULA CA 92593		P.O. BOX 688 TEMECULA CA 82593-0688				
			***************************************		10/26/1994 0	Date of Last Report 1/30/1996
 1	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt #, etc.		33-0624784	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	·		Trust Fund Contribution	Added to Fees
Ziρ	Country	Zip	⊢ ¬ ′		8. This corporation has liability for intangi	ible tax under s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Registers	
THE	PRENTICE-HALL CORPORATION		81	Name		
SUITE 105			82	Street Ac	odress (P.O. Box Number is Not Acceptable)	
1	HAYS STREET			OLIGET AC	Joresa (1.0, Dox Normoet is Not Acceptable)	
TALI	AHASSEE FL 32301		83			·
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent or both, in the State of Florida. Such change was authorized by the control of the control					orporation submits this statement for the purpose	e of changing its registered
agent La	ni familiar with, and accept the obliga	tions of, Section 607.0505, Fit	orida Statutes		rigitor's board of directors. Thereby accept the a	appointment as registered
SIGNATURE	**************************************	0.02	7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ouired when reinstating) DAT	r
12.	Signature, typical or printed name of regioned ager OFFICERS AND		13.	nt alghature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	·····
THILE	PC	DELETE	1.1 TITLE			Change Addition
NAME	CROOM, JAMES G 12		1.2 NAME			
STREET ADDRESS	5454-3 SADDLEBROOK WAY		1.3 STREET	address		
City - St - ZiP			1.4 CITY - S	r-ZIP		VV 04
TITLE	TSD CLOUD K D	☐ DELETE	2.1 TITLE			Change Addition
NAME			22 NAME 23 STREET	•0000000	32293 CORTE SANTA CATALINA	A .
STREET ADDRESS City-St-ZiP			2 4 CITY-5	3	TEMECULA, CA 92592	n.
1-11LF	VD	DELETE	31 TITLE			☐ Change ☐ Addition
NAME	CLOUD, CHARLES S		3.2 NAME			
STREET ADDRESS	31606 PASEO GOLETA		3.3 STREET	address		
C(1)Y-S1-2(P	TEMECULA CA 92592			T-ZIP		Otron Than
TITLE		LI DELETE	4.1 TITLE	1		Change Addition
NAME	!		4. 2 NAME			
STREET ADDRESS	E		4.3 STREET 4.4 City-S			ļ
Dity-St-7iP TiflE		DELETE	5.1 TITLE	5-215		Change Addition
NAME			5.2 NAME			··· - —
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			62 NAME	ĺ		
STREET ADDRESS			63 STREET	4		
City-St-ZiP			64 City - S	T-ZIP		

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 and cated 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.P. CLOUD

02-13-97 (909) 698-6141

FILED

Feb 27 1997 8:00am

Secretary of State

Dayline Phone #