

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F94000005571 (4)**
1. Corporation Name

HIGH-TECH GOLF, INC.

Principal Place of Business

P.O. BOX 688
TEMECULA CA 92593

Mailing Address

P.O. BOX 688
TEMECULA CA 92593

FILED
Jul 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

33-0624784

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	CROOM, JAMES G	
STREET ADDRESS	5484-3 SADDLEBROOK WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CLOUD, K. P	
STREET ADDRESS	32283 CORTE SANTA CATALINA	
CITY-ST-ZIP	TEMECULA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLOUD, CHARLES S	
STREET ADDRESS	31808 PASEO GOLETA	
CITY-ST-ZIP	TEMECULA CA 92592	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ZIP CODE 92592
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE

K.P. Cloud

K.P. CLOUD

07-15-98

(909) 698-6141

CR2E034 (5/98)

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

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CORPORATION
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1998



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#158.75



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Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

City & State

27. City & State

Country

25. Country

28. Zip

Country

30. Country

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SIGNATURE

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(NOTE: Registered Agent signature required when reinstating)

DATE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PC	<input type="checkbox"/> DELETE
CRUON, JAMES G	
5484-3 SADDLEBROOK WAY	
WEBLEY CHAPEL FL 33543	
TSO	<input type="checkbox"/> DELETE
CLOUD, K. P	
32283 CORTE SANTA CATALINA	
TEMECULA CA	
VO	<input type="checkbox"/> DELETE
CLOUD, CHARLES S	
31008 PASEO GOLETA	
TEMECULA CA 92592	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	92592
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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SIGNATURE:

K.P. Cloud

K.P. CLOUD 01-06-98 (909) 698-6141

CR2E034 (10/97)