

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000005687

1. Corporation Name

MARGATE FAMILY GOLF CENTERS, INC.

Principal Place of Business

1871 BANKIN RD
MARGATE FL 33063
US

Mailing Address

225 BROADHOLLOW RD
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0701110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.
1406 HAYS ST #2
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

300002939253--4

-07/22/99--01095--015

*****550.00 *****550.00

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	CHANG, DOMINIC	
STREET ADDRESS	225 BROADHOLLOW ROAD, SUITE 108E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	THAMPI, KRISHNAN P	
STREET ADDRESS	225 BROADHOLLOW ROAD, SUITE 108E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSE, ROBERT J	
STREET ADDRESS	225 BROADHOLLOW ROAD, SUITE 108E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KELLEHER, GARRETT J	
STREET ADDRESS	225 BROADHOLLOW ROAD, SUITE 108E	
CITY-ST-ZIP	MELVILLE NY 11747	
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	V/S General Counsel
1.3 STREET ADDRESS	PAMELA S. Charles
1.4 CITY-ST-ZIP	538 Broadhollow Rd Melville NY 11747
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/S
2.3 STREET ADDRESS	300002939253--4
2.4 CITY-ST-ZIP	-07/22/99--01095--016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHIEF FINANCIAL OFFICER
3.3 STREET ADDRESS	JEFFREY C KEY
3.4 CITY-ST-ZIP	538 Broadhollow Rd Melville NY 11747
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/Controller
4.3 STREET ADDRESS	Margaret M Santoro
4.4 CITY-ST-ZIP	538 Broadhollow Rd Melville NY 11747
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

Krishna P. Thampi

7/9/99

516 694 1666

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