

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

FILED

**Jan 23 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 |
|--|---|---|

DOCUMENT # F96000005828 (6)
1. Corporation Name
GRANITE GOLF MANAGEMENT, INC.



| | |
|---|--|
| Principal Place of Business 7226 N. 16TH ST., STE. 200 PHOENIX AZ 85020 | Mailing Address 7226 N. 16TH ST., STE. 200 PHOENIX AZ 85020-5292 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/07/1996 | 3a. Date of Last Report |
| 4. FEI Number 86-0835280 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|---|---------------|---------------|
| 2. Principal Place of Business 21 Suite Apt #, etc 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | Country 25 | Country 30 |
|---|---|---------------|---------------|

9. Name and Address of Current Registered Agent

**EDWARDS, MARNEY
496 MILE POST CT.
LAKE MARY FL 32746**

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 **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | C <input type="checkbox"/> DELETE |
| NAME | LEWIS, ELLIOT |
| STREET ADDRESS | 7226 N. 16TH ST., STE. 200 |
| CITY-ST-ZIP | PHOENIX AZ 85020 |
| TITLE | CP <input type="checkbox"/> DELETE |
| NAME | ORENDER, M.G. |
| STREET ADDRESS | 7226 N. 16TH ST., STE. 200 |
| CITY-ST-ZIP | PHOENIX AZ 85020 |
| TITLE | DS <input type="checkbox"/> DELETE |
| NAME | EDWARDS, MARNEY |
| STREET ADDRESS | 7226 N. 16TH ST., STE. 200 |
| CITY-ST-ZIP | PHOENIX AZ 85020 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GOWAN, ED |
| STREET ADDRESS | 7226 N. 16TH ST., STE. 200 |
| CITY-ST-ZIP | PHOENIX AZ 85020 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RICHARDS, STEVE |
| STREET ADDRESS | 7226 N. 16TH ST., STE. 200 |
| CITY-ST-ZIP | PHOENIX AZ 85020 |
| 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 |
| 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)