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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000005828**

1. Corporation Name
GRANITE GOLF MANAGEMENT, INC.



Principal Place of Business
**5806-A BRECKENRIDGE PKWY
 TAMPA FL 33610
 US**

Mailing Address
**5806-A BRECKENRIDGE FWY
 TAMPA FL 33610
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7025 E. Greenway Pkwy.
 Suite, Apt. #, etc.
22 Suite 800
 City & State
23 Scottsdale AZ
 Zip Country
24 85254 25 USA

2a. Mailing Address
26 7025 E. Greenway Pkwy
 Suite, Apt. #, etc.
27 Suite 800
 City & State
28 Scottsdale AZ
 Zip Country
29 85254 30 USA

3. Date Incorporated or Qualified
11/07/1996

4. FEI Number
86-0835280 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

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 **Douglas White**
 82 Street Address (P.O. Box Number is Not Acceptable)
505 Humphries Rd. N.
 83
 84 City **Safety Harbor** FL 85 Zip Code **34695**

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]* **Douglas White** DATE _____
Signature typed or printed (name of registered agent) and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	C	<input type="checkbox"/> DELETE
NAME	LEWIS, ELLIOT	
STREET ADDRESS	5806-A BRECKENRIDGE PKWY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	ORENDER, M.G.	
STREET ADDRESS	3909 DUVAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	EDWARDS, MARNEY	
STREET ADDRESS	15170 N HAYDEN RD 106	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOWAN, ED	
STREET ADDRESS	7226 N. 16TH ST., STE. 200	
CITY-ST-ZIP	PHOENIX AZ 85020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, STEVE	
STREET ADDRESS	15170 N HAYDEN RD 106	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/IT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elliot Lewis	
1.3 STREET ADDRESS	7025 E. Greenway Pkwy Suite 800	
1.4 CITY-ST-ZIP	Scottsdale AZ 85254	
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	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T. Marney Edwards	
3.3 STREET ADDRESS	7025 E. Greenway Pkwy Suite 800	
3.4 CITY-ST-ZIP	Scottsdale, AZ 85254	
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, with all other like empowered.

SIGNATURE: *[Signature]* **T. Marney Edwards** 4/12/99 (602)824-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)