

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H40359** (2)
1. Corporation Name
PEARSON GOLF MANAGEMENT, INC.



Principal Place of Business % MELTON L. PEARSON 150 IDELWOOD AVE. BARTOW FL 33830	Mailing Address % MELTON L. PEARSON 150 IDELWOOD AVE. BARTOW FL 33830-4244
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2. Principal Place of Business 21 764 ACACIA BLOSSOM CT Suite, Apt. #, etc.		2a. Mailing Address 27 764 ACACIA BLOSSOM CT Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1985	3a. Date of Last Report 01/25/1996
22 City & State 23 AUBURNDALE, FL		28 City & State AUBURNDALE, FL		4. FEI Number 59-2497498	Applied For Not Applicable
24 Zip 33823		29 Zip 33823		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 Country POLK		30 Country POLK		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent PEARSON, MELTON L. 150 IDELWOOD AVENUE BARTOW FL 33830				10. Name and Address of New Registered Agent 81 Name MELTON L. PEARSON 82 Street Address (P.O. Box Number is Not Acceptable) 764 ACACIA BLOSSOM CT 83 84 City AUBURNDALE FL 85 Zip Code 33823	


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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, MELTON L. 245 TERRACE DRIVE EAGLE LAKE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 764 ACACIA BLOSSOM CT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEARSON, LINDA S. 245 TERRACE DRIVE EAGLE LAKE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 764 ACACIA BLOSSOM CT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, STEVEN P. 311 THORNHILL ESTATES COURT WINTER HAVEN FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
LINDA S. PEARSON

4-30-97 **PH-668-9595**
Date Daytime Phone #

0388367

CR2E034 (9/96)