FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

J29644 **DOCUMENT #**

(8)

FM GOLF, INC.



Principal Place	of Purpose	Mailton Addin							
Principal Place of Business Mailing Address									
250 KING OF RADNOR PA	F PRUSSIA RD 19087	250 KING (RADNOR P	DF PRUSSIA ROA A 19087	ND					
US						3. Date Incorporated or 0	Qualified 3:	a. Date of Last	Report
						08/20/1986	-	05/01/	1995
2. Principal Pla	ice of Business	2a. Mailing Ad	dress			4. FEI Number	<u>1</u>		Applied For
21		26				23-2447340		ļ	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt.	#, etc			5. Certificate of Status D	esired	, \$8.7	75 Additional
22		27				G. Continuose of Grands D		. Fe	e Required
City & State		City & Stat	te			6. Election Campaign Fir	_	1 '	.00 Мау Ве
23		28				Trust Fund Contribution	on —	Add	ded to Fees
Ζφ	Country Zip		Country			This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	25 29 29 3. Name and Address of Current Registered Agent		30			Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
	g. Name and Address of Current	r negistered Ager	11	81	Name	10, Name and Address	oi new nego	stered Agent	
AT AA	CORLEGE AVATEL			L					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street	Address (P.O. Box Number is Not	dress (P.O. Box Number is Not Acceptable)		
						90000	800001808738 -05/06/9601028014 ***200.00 FL 85 Zp Cox		
PLANIA	ATION FL 33324			83		-05/06/90	01029	3014	
				84	City	***200 00)	85	Zip Code
# Durayant t	o the provisions of Sections 607.0502	aud 607 1600 Fla	cid . Statutos the		L				e registered office
or registere	ed agent, or both, in the State of Florid	ia. Such change wa	as authorized by	the corp	oration's	s board of directors. Thereby accep	ot the appointr	nent as register	ed agent. I am
	h, and accept the obligations of, Section	on 607.0505, Floric	la Statutes.						
SIGNATURE _	Signative typed or printed miner of registerest vigent	and the diantan arisk	NOTE BAS		ot sanative	required when renations;		DATE	
12.	OFFICERS AND			13.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIREC	TORS IN 12
TITLE	PTD		ELETE	1 1 TITLE				Chang	e 🔲 Addition
NAME	MULLIN, ARTHUR W			1.2 NAME				•	
STREET ADDRESS	250 KING OF PRUSSIA RD.			13 STREET	ADDRESS				
CITY-ST-ZIP	RADNOR PA			14 CITY-5	ST-ZIP	19087			
TITLE	VO		DELETE	2 1 Tifut		VD			je 🔲 Addition
NAME	KNOX, THOMAS J			2.2 NAME		7713. 77		,	
STREET ADDRESS	250 KING OF PRUSSIA RD		1	23 STREET	T ADDRESS	TAYLOR, WILLIAMS.	RD		
CITY - ST - ZIP	RADNOR PA			2.4 CITY - 5	ST - ZIP	PA PNOR PA 190	87		
TITLE	VD		DELETE	3 1 TITLE				Chang	je 🔲 Addition
NAME	KELICAN, JAMES W			3.2 NAME				r	
STREET ADDRESS	250 KING OF PRUSSIA RD			33 STREE	1 ADDRESS				
CITY-ST-ZIP	RADNOR PA			3 4 CITY - 5	ST-ZIF	19087			
TITLE	S		DELETE	4 1 TITLE				Chang	e 🔲 Addition
NAME	BIXLER, ROBERT		1	4.2 NAME					
STREET ADDRESS	250 KING OF PRUSSIA RD.			4.3 STREE	I ADDRESS				
CITY-ST-ZIP	RADNOR PA			4.4 Crt Y - S	S1 - Z1F	19087			
TITLE	AS		DELETE	5 1 1 TLF				Chang	ge 🔲 Addition
NAME	TAMASITIS, MARGARET			5 2 NAME					
STREET ADDRÉSS	250 KING OF PRUSSIA RD.			5 3 STREE	I ADDRESS				
CITY - ST - ZIP	RADNOR PA			5.4 CITY	ST-ZIP	19087			<u></u>
TITLE			DELETE	6 1 TITLE		,,		☐ Chang	je 🔲 Addition
NAMÉ.				62 NAME					
STREET ADDRESS				63STREE	T ADDRESS				3 کرک
	I control of the cont					1			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(610) 964-7233