

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

APPROVED AND FILED

9:37

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Murrain
 Secretary of State
 Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J85101** (0)
 1. CORPORATION NAME
A-GOLF CARTS, INC.

Principal Name of Officers: **18451 N TAMiami TR. N. FT MYERS FL 33900**
 Mailing Address: **18451 N TAMiami TR. N. FT MYERS FL 33900**

2. Principal Name of Officers: **21**
 2a. Mailing Address: **26**
 State: **22** City & State: **27**
 Zip: **24** County: **25** Zip: **29** County: **30**

3. Date incorporated or qualified: **07/30/1987**
 3a. Date of last report: **04/29/1994**
 4. FEI Number: **65-0166516**
 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**
 9. This corporation is a resident of the State of Florida: Yes No
 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
EBENGER, FRANCES
14880-1 SUMMERLIN WOODS
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0501 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	ST LYNCH, LINDA 717 S.W. 12TH STREET CAPE CORAL FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, STATE		1. CITY, STATE	
TITLE	PV BELLOTTIE, ROSELLA J 610 VICTORA DR. A-102 CAPE CORAL FL 33904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE		2. CITY, STATE	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE		3. CITY, STATE	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE		4. CITY, STATE	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE		5. CITY, STATE	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0501, Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 removal or transfer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing. If changed, or not applicable, insert with an asterisk.

SIGNATURE: *Rosella J. Bellottie*
 SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR
Pres.

5/1/95 813-543-2820