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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K11511

(8)

Bill	JOHNSON	GOLF	ENTERPRISES,	INC
	VVI 1110011	W V L I		1111

Principal Place of Business Mailing Address						ier iust siele eiste erbit eielt bisti tisti inn
% GARY I. HANDIN % GARY I. HANDIN			1			
261 SW 6TH ST		261 SW 6TH ST				
PUMPANO E	BEACH FL 33060	POMPANO BEACH	FL 33060		 Date Incorporated or Qualified 01/11/1988 	3a. Date of Last Report 05/01/1995
2. Principal Plac	on f Rusiness	2a. Mailing Address			4, FEI Number	Applied For
2. 7 ((10)	oc or Daginoso	26			59-2830929	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	***************************************		6. Election Campaign Financing	\$5.00 May Be
23	······································	28			Trust Fund Contribution	LJ Added to Fees
Ζφ 551	Country		Zip Country		8. This corporation has liability for i	-
24]	25 g. Name and Address of Currer	29	30		Florida Statutes Yes 10. Name and Address of New R	
	9. Hallie alla Madress di Califei	it registered Agent	8	1 Name	1	ogistored Agent
JOHNS	ON, WILLIAM E.				OILLIAM NEMSE ddress (P.O. Box Number is Not Acceptab	
	W, 8TH TERRACE		8	≥ Street A	SAME	ю
	NO BEACH FL		8	3	20110	
7.7	114011		 8	4 0		las I Zin Codo
$\sim M_{\odot}$			6	4 City		FL 85 Zip Code
11.) Pursoant to	the provisions of Sections 607.0502	ano 607.1508, Florida Statu	tes, the above	-named cor	poration submits this statement for the pur	pose of changing its registered office
familiar with	, and accept the childelic state of Flori	ion 607,0505. Florida Statut <mark>e</mark>	zeu by me coi S.	poration's r	poration submits this statement for the pur loard of directors. Thereby accept the appo	antment as registered agent. Fam
SIGNATURE			•).	16 19
S			****	int signature rec	julied when reinstating)	DAT
12.	OFFICERS AN	X DELETE	13. 1. 1 Titu	7	ADDITIONS/CHANGES TO DEFI	Change XI, Addition
NAME	JOHNSON, WILLIAM E.	A Carrie	1.2 NAM			
STREET ADORESS	4130 NW 8TH TERRACE			ET ADDRESS	4130 NW SH TERR. POMPANO BCA, FCA	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CiTY		POMOAND BUY GLA	
TITLE	D	X DELETE	2 1 TIIL		10.11000	Change Addition
NAME	JOHNSON, JEAN		22 NAM	:		
STREET ADDRESS	4130 NW 8TH TERRACE		2 3 STRE	EL ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CrTY	- S1 - ZIP		
THE		☐ DELETE	3 1 1111			Change Maddition
NAME			3.2 NAM			
STREET ADDRESS		:	3.3. STR	EL ADDRESS		
CITY - ST - ZIP		[] DELETE	3 4 CITY			Change Addition
TITLE		LI Ditteit	4.1 TITL 4.2 NAVI			C onside C vontion
NAME.		•				
STREET ADDRESS			,	ET AODRESS		
CITY-ST-ZIP TITLE		[] DELETE	4.4 CITY 5 1 TITL			Change Addition
NAME		<u></u>	5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6 1 TITL			Change Addition
NAME			6.2 NAM	:		
STREET ADDRESS			6 3 SĮRE	E1 ADDRESS		
City-St-ZiP			64 CITY			
14) I do hereby	certify that the information supplied to	with this filing is voluntarily fur	nished and do	es not quali	fy for the exemption stated in Section 119.5	07(3)(k), Florida Statutes. I further same logal effect as if made under
oath; that I appears in I	am an officer of director of the conce Block 12 or Block 13 if chapping or o	oration or the receiver or truste on an attachment with an add	e empowered tross.	to execute	urate and that my signature shall have the this report as required by Chapter 607, Fig.	orida Statutes; and that my name