FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:38

DOCUMENT # K43651 (4)

1. Corporation Name
THE PENNA GOLF COMPANY

Principal Place of Business	Mailing Address
7830 BYRON DR SUITE 102 W PALM BCH, FL 33404 US	7830 BYRON DAVE SUITE 102 W PALM BCH, FL 33404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 34-1483735 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSBY, NATHANIEL
7830 BYRON DR
W. PALM BCH. FL 33404

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CROSBY, NATHANIEL P.	12 NAME	
STREET ADDRESS	7830 BYRON DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CUMMINS, RICHARD	22 NAME	
STREET ADDRESS	1251 AVE OF AMERICA	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TONER, GERARD	32 NAME	
STREET ADDRESS	55 HILTON AVENUE	33 STREET ADDRESS	
CITY ST ZIP	GARDEN CITY NY	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DOUBLEDAY, NELSON	42 NAME	
STREET ADDRESS	535 MADISON AVE	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	KELLY, ROBERT	52 NAME	
STREET ADDRESS	7830 BRYON DRIVE	53 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 the 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: Robert P. Kelly (407)881 7981
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #
ROBERT P. KELLY, VICE PRESIDENT

0438360 FP