

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:12

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

3. Date Incorporated or Qualified
11/07/1988

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

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

81 Name

ROBERT KELLY

82 Street Address (P.O. Box Number is Not Acceptable)

7830 BYRON DRIVE

83

84 City

WEST PALM BEACH FL

85 Zip Code

33404

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CROSBY, NATHANIEL P.
STREET ADDRESS 7830 BYRON DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

TITLE D
NAME CUMMINS, RICHARD
STREET ADDRESS 1251 AVE OF AMERICA
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME TONER, GERARD
STREET ADDRESS 55 HILTON AVENUE
CITY-ST-ZIP GARDEN CITY NY

☐ DELETE

TITLE D
NAME DOUBLEDAY, NELSON
STREET ADDRESS 535 MADISON AVE
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VS
NAME KELLY, ROBERT
STREET ADDRESS 7830 BYRON DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD H. TONER

6/24/96

576-

741-0600

CR2E034 (3/96)