

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K46158

(7)

1. Corporation Name

RYKA TARPON GOLF CORP.

Principal Place of Business

1100 TARPON WOODS BLVD.
PALM HARBOR FL 34685
US

Mailing Address

PO BOX 71
DEWITT NY 13214



3. Date Incorporated or Qualified
11/18/1988

3a. Date of Last Report
03/20/1995

4. FLE Number
65-0084016

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

ASCIOTI, PAUL
1100 TARPON WOODS BLVD.
PALM HARBOR FL 34685

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 607.0507 and 607.1703, 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 607.0507, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (If the corporation is a foreign corporation, the signature of the person authorized to act as the registered agent in the State of Florida must be provided.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
MURACO, JOHN J
800 S. MANLIUS RD.
FAYETTEVILLE NY 13066

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
MURACO, FRANK J
8582 RT. 173
MANLIUS NY 13104

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
HILDRETH, TRUMAN W
4312 SYRACUSE RD.
CAZENOVIA NY 13035

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
PANDILLO, RALPH S
1066 W. GENESEE ST.
SYRACUSE NY 13204

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
WHITE, DAVID J
7991 SPRUCE HILL DR.
CLAY NY 13041

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the names of the officers or directors are indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

315-637-6525

CR2E034 (12/95)