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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34885
US

Mailing Address
PO BOX 71
DEWITT NY 13214-0071



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1988		3a. Date of Last Report 03/18/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0084016		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASCIOTI, PAUL
1100 TARPON WOODS BLVD.
PALM HARBOR FL 34885

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURACO, JOHN J	1.2 NAME	
STREET ADDRESS	800 S. MANLIUS RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE NY 13068	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURACO, FRANK J	2.2 NAME	
STREET ADDRESS	8582 RT. 173	2.3 STREET ADDRESS	
CITY - ST - ZIP	MANLIUS NY 13104	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDRETH, TRUMAN W	3.2 NAME	
STREET ADDRESS	4312 SYRACUSE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAZENOVIA NY 13035	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDILLO, RALPH S	4.2 NAME	
STREET ADDRESS	1088 W. GENESEE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SYRACUSE NY 13204	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DAVID J	5.2 NAME	
STREET ADDRESS	7891 SPRUCE HILL DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLAY NY 13041	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498202

CR2E034 (9/96)