

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K93506** (9)
1. Corporation Name
GROUP IV GOLF, INC.

Principal Place of Business C/O GUS SANKERS STE 250 JACKSONVILLE FL 32216 US	Mailing Address C/O GUS SANKERS STE 250 JACKSONVILLE FL 32216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 06/06/1989	
2. Principal Place of Business 21 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 27 City & State 28 Zip 29		4. FEI Number 59-2293044 Applied For Not Applicable	
2. Principal Place of Business 21 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 27 City & State 28 Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 27 City & State 28 Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 6900 SOUTHPOINT DRIVE NORTH Suite, Apt. #, etc. 27 City & State 28 Zip 29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANKERS, GUS 6900 SOUTHPOINT DRIVE, NORTH STE 250 JACKSONVILLE FL 32216		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	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANKERS, GUS 6900 SOUTHPOINT DR N 250 JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANSEN, VICTOR 6900 SOUTHPOINT DR N #250 JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRENTICE, BRYANT H. III 6900 SOUTHPOINT DR N 250 JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTCHINSON, MARC C. 6900 SOUTHPOINT DR N #250 JACKSONVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **MARC C. HUTCHINSON** DIRECTOR 4/21/98 (703) 506-1006

CR2E034 (10/97)