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CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29430 (0)

1. Corporation Name
U.S. GOLF (PALISADES), INC.

Principal Place of Business	Mailing Address
C/O MARY LYNN STANCHINA 16510 PALISADES BLVD ORLANDO FL 34711	C/O MARY LYNN STANCHINA P.O. BOX 196129 WINTER SPRINGS FL 32719 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 255 S. Orange Ave	26 255 S. Orange Ave
Suite, Apt. #, etc. 22 Suite 1615	Suite, Apt. #, etc. 27 Suite 1515
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip / Country 24 32801 / 25 USA	Zip / Country 29 32801 / 30 USA

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2988010 ☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STANCHINA, MARY LYNN
1114 BROOKLINE CT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: WARREN J. STANCHINA
82 Street Address (P.O. Box Number is Not Acceptable): 255 S. Orange Ave.
83: Suite 1515
84 City: Orlando FL 85 Zip Code: 32801

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] WARREN J. STANCHINA
(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSI	11 TITLE	☐ Change ☐ Addition
NAME	STANCHINA, MARY LYNN	12 NAME	
STREET ADDRESS	1114 BROOKLINE CT	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	STANCHINA, WARREN	22 NAME	
STREET ADDRESS	1114 BROOKLINE CT	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] WARREN J. STANCHINA Pres. 2/17/95 407-245-7557
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0414002 FP