FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L49170

1. Corporation Name
WORLD POWER GOLF ASSOCIATION, INC.

Principal Place of Business
C/O LINDA WINROW
EMERALD COAST PLAZA
HWY 98 E, SUITE 14
SANTA ROSA BEACH FL 32459

Mailing Address
C/O LINDA WINROW
P.O. BOX 1247
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business: 21 EMERALD COAST PLAZA	2a. Mailing Address: 26 P.O. BOX 1247
Suite, Apt. #, etc.: 22 HWY 98 E, SUITE 14	Suite, Apt. #, etc.: 27
City & State: 23 SANTA ROSA BEACH, FL	City & State: 28 SANTA ROSA BEACH, FL
Zip: 24 32459 Country: 25 USA	Zip: 29 32459 Country: 30 USA

3. Date Incorporated or Qualified: 02/06/1990
3a. Date of Last Report: 06/08/1995
4. FEI Number: 59-2996685 — 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

WINROW, LINDA
P.O. BOX 1247
SANTA ROSA BEACH, FL 32459

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P ☒ DELETE	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	WINROW, THOMAS	1.2 NAME	WINROW, LINDA
STREET ADDRESS	EMERALD COAST PLAZA HWY 98 E, STE. 14	1.3 STREET ADDRESS	EMERALD COAST PLAZA HWY 98 E, STE. 14
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	1.4 CITY-ST-ZIP	~~SANTA ROSA BEACH, FL 32459~~
TITLE	☐ DELETE	2.1 TITLE	DD ☐ Change ☐ Addition
NAME		2.2 NAME	WINROW, THOMAS
STREET ADDRESS		2.3 STREET ADDRESS	EMERALD COAST PLAZA HWY 98 E, STE. 14
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SANTA ROSA BEACH, 32459
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	900001761099 -03/28/96--01056--028 ***200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda L. Winrow — 3-6-96 — (904) 267-1507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3.28