

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Reinstatement - 97

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 27 PM 1:26

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L49170 (8)  
1. Corporation Name  
WORLD POWER GOLF ASSOCIATION, INC.

Principal Place of Business  
HWY 98 E  
STE 14  
SANTA ROSA BEACH FL 32459  
US

Mailing Address  
P.O. BOX 1247  
SANTA ROSA BCH FL 32459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 35 LACANOSA BLVD Suite, Apt. #, etc. 22 City & State 23 SANTA ROSA BEACH, FL Zip 24 32459 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/06/1990	3a. Date of Last Report 03/28/1996
				4. FEI Number 59-2996685	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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

WINROW, THOMAS  
5108 HORSESHOE CIRCLE  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name  
THOMAS WINROW  
82 Street Address (P.O. Box Number is Not Acceptable)  
35 LACANOSA BLVD  
83  
84 City  
SANTA ROSA BEACH FL  
85 Zip Code  
32459

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 Thomas L. Winrow THOMAS L. WINROW 10/15/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINROW, LINDA	
STREET ADDRESS	HWY 98 E, SUITE 14	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINROW, THOMAS	
STREET ADDRESS	HWY 98 E, SUITE 14	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA WINROW	
1.3 STREET ADDRESS	35 LACANOSA BLVD	
1.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
2.1 TITLE	VP.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS WINROW	
2.3 STREET ADDRESS	35 LACANOSA BLVD	
2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	800002333688	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-10/29/97--01110--002	
4.3 STREET ADDRESS	****750.00 ****750.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Thomas L. Winrow President

10/15/97 860-267-1507

CR2E034 (4/97)