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

May 11 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L99411 (5)FAIRWAY GOLF CARTS, INC. Principal Place of Business Mailing Address 3019 ALT, 19 **PALM HARBOR FL 34683-1830** PALM HARBOR FL 34683-1930 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1990 2. Principal Place of Business Applied For 933 Florida Avenue 933 Florida Avenue 59-3026959 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENNETT, JAMES J. 3019 ALT. 19 Street Address (P.O. Box Number is Not Acceptable)
933 Florida Avenue 82 PALM HARBOR FL 34683 83 84 City 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, typod or printed name of registered agent and libe if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE X Change TITLE 1.1 TITLE NAME BENNETT, JAMES J. 1.2 NAME STREET ADDRESS 3019 ALT, 19 1.3 STREET ADDRESS 933 Florida Avenue PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE X Change Addition TITLE NAME BENNETT, NANCY A. 2.2 NAME 3019 ALT, 19 STREET ADDRESS 2.3 STREET ADDRESS 933 Florida Avenue PALM HARBOR FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DLLETE Change Addition TITI F 5 t Till F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

**FILED** 

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 receivor or trusted 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. MMITT

6.4 CITY-ST-ZIP