

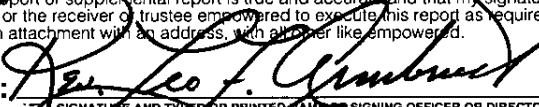


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90717 020 ***158.75

P02000053672 1. Entity Name ACCOLADE GOLF CORPORATION					
Principal Place of Business 11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410			Mailing Address 11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0567716	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THIS CORPORATION SERVICES ONLY 11780 US HWY ONE, SUITE 300 N. PALM BCH, FL 33408				Name Haile, Shaw & Pfaffenberger, P.A. Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. Highway One Suite #300 City North Palm Beach FL Zip Code 33408	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Oren S. Tasini, Director		DATE 01-08-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEOF, ARMBURST	NAME			
STREET ADDRESS	11380 PROSPERITY FARMS RD., SUITE 209B	STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAZIO, VINCENT M	NAME			
STREET ADDRESS	631 US HWY ONE, SUITE 412	STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH, FL 33408	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUMP, MITCHELL	NAME			
STREET ADDRESS	26 PRINCEWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/28/04 (561) 776-0890 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94079731

01052004

Applied For
Not Applicable