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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Socretary of State				Secretary of State	
1997 DIVISION OF C		RPORATIONS	Scorcia	ny or state	
DOCUI 1. Corporatio	MENT # P17030	(8)			
GÖLF U	ISA, INC.				
Principal Place of Business Mailing Address					
3705 W. MEMORIAL OKLAHOMA CITY OK 73013 US		1801 A.C. BROADWAY EDMOND OK 73018 4016 -		3. Date Incorporated or Qualified	3a. Date of Last Report
		5		12/02/1987	04/23/1996
2. Principal Place of Business		2a. Mailing Address	- 2700 W. MEMARIAL - TERMIN		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		73-1275602	Not Applicable \$8.75 Additional
32		27 SUITE 801		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 OKW. CITA	Country	Trust Fund Contribution	Added to Fees
24]	25	Zip 73/34 30	1	This corporation has liability for in Florida Statutes	ntangible tax undor s. 199.032,] Yes □ No
	9. Name and Address of Curren	<u></u>		10. Name and Address of New Re	glstered Agent
CT CORPORATION SYSTEM 81 Name					J
1200 S. PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			63		
					· · · · · · · · · · · · · · · · · · ·
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statules,	the above-named corpo	oration submits this statement for the p	urpose of changing its registered
agent. I a	m familiar with, and accept the obliga	of Florida Such change was autrations of, Section 607.0505, Florid	orized by the corporation Statutes.	oration submits this statement for the poon's board of directors. I hereby accept	or the appointment as registered
SIGNATURE	Sutries & Char	_ MATRICK D. A	67,6RNAN,	TREASUROR	4/28/97
12.	Signature, typed or printed name of reasoned ag-		gistered Agent signature require	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TW LE	PD	DELETE	1.1 THLE		Change Addition
NAME	GRIGGY, KENNETH J.		1.2 NAME		
STREET ADDRESS	1801 S. BROADWAY		1.3 STREET AUDRESS		
CITY-ST-ZIP	EDMOND OK	DELETE	1.4 CHY-ST-7IP		Change
TITLE NAME	ST McTiernan, Patrick D.	□ ptrut	2.1 TITUE 2.2 NAME		Change Addition
STREET ADDRESS	3705 W. MEMEORIAL		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY FL		2. 4 CITY-ST-ZIP		Í
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLAIN, R.T.		3.2 NAME		
STREET ADDRESS	1801 S. BROADWAY		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	EDMOND OK D	DELFTE	3 4. C(1) Y - \$1 - Z(P) 4 1 1(1) LE		Change Addition
NAME	REECE, ROBERT A		4 2 NAME		Shargo Outdoor
STREET ADDRESS	1801 S BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	EDMOND OK 73013		4.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	(100 mm)	DELETE	5.4 CITY - ST - 7IP 6.1 TITLE		Change Addition
NAME		_ once	6.2 NAME		T Sylango LT Controll
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			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

FILED

Jun 09 1997 8:00am