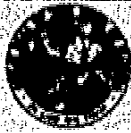


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25338

(5)

1. Corporation Name

JIM COLBERT GOLF, INC.

Principal Place of Business

1003 LBJ FRWAY
STE #10
DALLAS TX 75234
US

Mailing Address

1003 LBJ FRWAY
STE #10
DALLAS TX 75234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

88-0198332

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and (do it applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, ROBERT H.
STREET ADDRESS	6027 LAKEHURST
CITY - ST - ZIP	DALLAS TX
TITLE	VD
NAME	LAMBERT, STEPHEN D.
STREET ADDRESS	1722 SHUMARD OAK LANE
CITY - ST - ZIP	IRVING TX
TITLE	V
NAME	REYNOLDS, STEVEN
STREET ADDRESS	4340 TWIN POST
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	DEVLIN, TOM
STREET ADDRESS	RT 3 BOX 155
CITY - ST - ZIP	AUGUSTA KS
TITLE	V
NAME	KOCHSIEK, KIM R
STREET ADDRESS	5037 TRAIL LAKE
CITY - ST - ZIP	PLANO TX
TITLE	C
NAME	CRESSEY, BRIAN
STREET ADDRESS	120 SOUTH LA SALLE ST
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	bp	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	b	☐ Change ☒ Addition
2.2 NAME	Joseph P. Nolan	
2.3 STREET ADDRESS	6100 Sears Tower	
2.4 CITY - ST - ZIP	Chicago, IL 60606	
3.1 TITLE	b	☐ Change ☒ Addition
3.2 NAME	James S. Colbert, Jr.	
3.3 STREET ADDRESS	222 South Rainbow, Ste 117	
3.4 CITY - ST - ZIP	Las Vegas, NV 89128	
4.1 TITLE	Delete	☒ Change ☐ Addition
4.2 NAME	Tom Devlin	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Delete	☒ Change ☐ Addition
5.2 NAME	Kim Kochsiek	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Delete	☒ Change ☐ Addition
6.2 NAME	Brian Cressey	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95

Date

214-247-1199

Telephone (Area #)