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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # P26213

(9)

1. Corporation Name

MCGILL GOLF, INC.

Principal Place of Business

525 E 162ND STREET
SOUTH HOLLAND IL 60473

Managing Agent

525 E 162ND
C/O THOMAS A. GILLEY
SOUTH HOLLAND IL 60473
US

2. Principal Place of Business

2a. Managing Agent

21 State: April 1996

26 State: April 1996

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MCGROGAN, PATRICK A.
1510 NORTHEAST 131ST STREET
NORTH MIAMI FL 33161

81 Name

82 Street Address with D. Box Number is Not Acceptable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the undersigned hereby represents and warrants that the statement for the purpose of changing its registered office or registered agent, set forth in the Statement of Change, was prepared by the undersigned and is true and correct. The undersigned hereby appoints the undersigned as the registered agent for the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	P	[] DIRECTOR
NAME	GILLEY, THOMAS A.	
STREET ADDRESS	525 E. 162ND STREET	
CITY, STATE, ZIP	SOUTH HOLLAND IL	
TITLE	V	[] DIRECTOR
NAME	MCGROGAN, PATRICK A.	
STREET ADDRESS	1014 PINE BRANCH COURT	
CITY, STATE, ZIP	FT LAUDERDALE FL	
TITLE	S	[] DIRECTOR
NAME	GILLEY, GEORGE D.	
STREET ADDRESS	525 E. 162ND STREET	
CITY, STATE, ZIP	SOUTH HOLLAND IL	
TITLE	D	[] DIRECTOR
NAME	GILLEY, LINDA B.	
STREET ADDRESS	525 E 162ND ST	
CITY, STATE, ZIP	SOUTH HOLLAND IL	
TITLE	D	[] DIRECTOR
NAME	MCGROGAN, FRANCES S.	
STREET ADDRESS	1014 PINE BRANCH COURT	
CITY, STATE, ZIP	FT LAUDERDALE FL	
TITLE	D	[] DIRECTOR
NAME	GILLEY, SHEILA S.	
STREET ADDRESS	525 E. 162ND STREET	
CITY, STATE, ZIP	SOUTH HOLLAND IL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	[] Change	[] Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, STATE, ZIP		
18 TITLE	[] Change	[] Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, STATE, ZIP		
22 TITLE	[] Change	[] Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, STATE, ZIP		
26 TITLE	[] Change	[] Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, STATE, ZIP		
30 TITLE	[] Change	[] Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, STATE, ZIP		
34 TITLE	[] Change	[] Addition

14. I, the undersigned, certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. I further certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. I further certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation.

SIGNATURE: *Thomas A. Gilley* THOMAS A. GILLEY, PRESIDENT 2-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)