


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

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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90074 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37518					
1. Corporation Name CALGOLF, INC.					
Principal Place of Business 55 SOUTH PARK STREET MONTCLAIR NJ 07042			Mailing Address 55 SOUTH PARK STREET MONTCLAIR NJ 07042		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2266695	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MORRISON, RICHARD W. LEONARD & MORRISON, ATTORNEYS AT LAW 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR FORT LAUDERDALE FL 33308			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			1.2 NAME		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE			2.2 NAME		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE			3.2 NAME		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE			4.2 NAME		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE			5.2 NAME		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE			6.2 NAME		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: *Cathy McDonough* Treasurer

Cathy McDonough

1/13/99 973-744-4031
Date Daytime Phone #

CR2E034 (11/98)