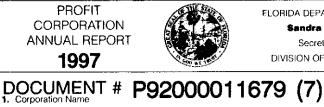
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1997 8:00am Secretary of State

GOLFLAND, INC.		
ncipal Place of Business	Mailing Address	L (BERIOD) III DELIN ARAR BUILL BERIO HARD III OB III OB ARAR BUILD BUIL ALBUR BUILL ABUR BUILL ABUR ALBUR BUILL ABUR BUILL

Principal Place of Business Mailing Address			1884 00 110 1211 1484 00 2011 00 1100 1100 1121 31 100 1011 100							
10314 N. OAKLEAF AVE TAMPA FL 33612			10314 N. OAKLEAF AVE TAMPA FL 33612-6552							
US		00	US				3. Date Incorporated or Qualified			
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number		Applied For	
21		26					59-3172380		Not Applicable	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired	7 7 7 7 7	5 Additional	
22		27							Required	
City & State	0	<u>├</u>	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
23	Country	28 Zin	· 1	Cou			Trust Fund Contribution			
Zip	Country	Zip	}	_	ниу		8. This corporation has liability for in Florida Statutes	itangible tax unde Yes 🔲 No	r s. 199.032,	
24	9. Name and Address of	29 Current Registered Ag		30			10. Name and Address of New Reg			
CALL	LEVY & ASSOCIATRES IN				81	Name	10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	, c.o. o o o o o o o o o o o o o o o o o		
		VC		Į						
	CRESPI BLVD				82	Street A	Address (P.O. Box Number is Not Acceptable	e)		
MIAN	AI FL 33431			ŀ	83					
					84	City		FL 85 Z	ip Code	
11. Pursuant office or re	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1508, e State of Florida, Such e obligations of Section	Florida Statute change was at 607 0505, Flor	s, the ab uthorized rida Stat	pove d by	named the corp	corporation submits this statement for the purioration's board of directors. I hereby accept		g its registered as registered	
SIGNATURE	Signature types or printed name of regis						required when reinstating)	DATE		
12.		RS AND DIRECTORS	. (4012	13.	- Hgo	in agricular o	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	D		DELETE	1.1 TII	LE.	I		Chang		
NAME	JONES ROBERT,			1.2 NA	ME					
STREET ADDRESS	10314 N OAKLEAF AVE			1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33612			1.4 CI	fy-Si	T- 2 1P			ļ	
TITLE	D		DELETE	2.1 1/1				Chang	e 🔲 Addition	
NAME	WILLIAMS, DORA			2.2 NA	ME					
STREET ADDRESS	10314 N OAKLEAF AVE			2.3 ST	REET	ADDRESS			j	
CITY-ST-ZIP	TAMPA FL 33612			2. 4 C	ITY - S	T-ZIP				
TITLE			DELETE	3.1 Til	TLE			Chang	ge Addition	
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. Ct	ITY - S	1 - ZIP				
TITLE			DELETE	4.1 Tf	ΓLE			Chang	ge 🔲 Addition	
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4,4 CI	1Y-S	T-ZIP				
TITLE			DELETE	5.1 TII	TLE			☐ Chan	je 🔲 Addition	
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-7IP				5.4 CI	<u>1Y</u> -S	1 - ZIP				
TITLE			DELETE	61 III	FLE			☐ Chan	e Addition	
NAME				62 NA	ME					
STREET ADDRESS				63 ST	REET	ADDRESS				
CITY-ST-ZIP				6 4 CI	TY-S	T-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 ampowered 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 or an attachment with an address.