

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012707 (5)

1. Corporation Name

COMPUTER GOLF SOFTWARE, INC.

Principal Place of Business

1700 SW 12TH AVENUE
BOCA RATON FL 33486

Mailing Address

1700 SW 12TH AVENUE
BOCA RATON FL 33486-6619



3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 02/20/1996
4. FEI Number 65-0400872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

J NEIL HAYNIE
1700 SW 12TH AVENUE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCT <input type="checkbox"/> DELETE
NAME	HAYNIE, J. NEIL
STREET ADDRESS	1700 SW 12 AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HAYNIE, BARBARA
STREET ADDRESS	1700 SW 12 AVE.
CITY - ST - ZIP	BOCA RATON FL 33486
TITLE	VRD <input type="checkbox"/> DELETE
NAME	HAYNIE, KEVIN
STREET ADDRESS	1700 SW 12 AVE.
CITY - ST - ZIP	BOCA RATON FL 33486
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	EDWARD MULLEN
STREET ADDRESS	1700 S.W. 12TH AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT PLEASENTS
4.3 STREET ADDRESS	1700 SW 12 AVE
4.4 CITY - ST - ZIP	BOCA RATON FL 33486
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/T SUSAN INCE HAYNIE
5.3 STREET ADDRESS	1700 SW 12 AVENUE
5.4 CITY - ST - ZIP	BOCA RATON, FL. 33486
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

561-392-6740

CR2E034 (9/96)