

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000001856 (2)**

1. Corporation Name
GEO GOLF BALL USA, INC.



Principal Place of Business: HWY 319 NO CRAWFORDVILLE FL 32326 US
Mailing Address: P. O. BOX 309 HWY 319 N CRAWFORDVILLE FL 32326 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional entities.

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3171112
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: [X] Yes [] No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SAXMAN, EARL
1990 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32326**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code: 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	P	[] DELETE	
NAME	PERRELLA, FRANK		
STREET ADDRESS	17 FOSTER STREET		
CITY-ST-ZIP	GLOVERSVILLE NY		
TITLE	ST	[] DELETE	
NAME	SAXMAN, EARL		
STREET ADDRESS	5560 CYPRESS TREE COURT		
CITY-ST-ZIP	PALM BEACH GARDENS FL		
TITLE		[] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		[] Change	[] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		[] Change	[] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[] Change	[] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entitle me for the exemption stated in Section 119.07(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 the 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: *Earl Saxman* EARL SAXMAN 1/17/96 401 621 917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)