

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 27 PM 12:33

DOCUMENT # P93000016785 (6)

1. Corporation Name  
GOLF CARTS "FORE" YOU INC.

Principal Place of Business 15926 US 19 N HUDSON FL 34667 US	Mailing Address 15926 US 19 N HUDSON FL 34667 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16005 U.S. 19 S Suite, Apt. #, etc. 22 City & State 23 Hudson FL. Zip Country 24 34667 25 USA	2a. Mailing Address 26 16005 U.S. 19 S Suite, Apt. #, etc. 27 City & State 28 Hudson FL. Zip Country 29 34667 30 USA
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3. Date Incorporated or Qualified 03/01/1993	3a. Date of Last Report 02/23/1996
4. FEI Number 59-3179680	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PROIA, RONALD  
15926 US 19 N.  
HUDSON FL 34667

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
	16005 U.S. 19 S		Hudson FL	34667

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 Ronald Proia Ronald Proia 10-16-97

Signature, typed or printed name of registered agent and term if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PROIA, RONALD	1.2 NAME	
STREET ADDRESS	15926 US 19 N	1.3 STREET ADDRESS	16005 U.S. 19 S
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	VD	2.1 TITLE	
NAME	PROIA, ANTHONY	2.2 NAME	16005 U.S. 19 S
STREET ADDRESS	15926 US 19 N	2.3 STREET ADDRESS	Hudson FL 34667
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700002332597--3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-10/29/97--01077--005
TITLE		5.1 TITLE	****750.00 ****750.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Ronald Proia Ronald Proia 10-16-97

CR2E034 (4/97)