

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000026705 (2)

1. Corporation Name
JCK GOLF CORPORATION

Principal Place of Business
620 S. SAXON BLVD.
DELTONA FL 32725

Mailing Address
620 S. SAXON BLVD.
DELTONA FL 32725-6611



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1993		3a. Date of Last Report 04/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3179341		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MEADE, JOHN C
480 SUN LAKE CIRCLE
304
LAKE MARY FL 32748-6180

10. Name and Address of New Registered Agent

81 Name MEADE, JOHN C.
82 Street Address (P.O. Box Number is Not Acceptable)
760 Amhurst Dr.
83
84 City Orange City FL 85 Zip Code 32763

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 *John C. Meade* DATE 4-28-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, JOHN C	1.2 NAME	
STREET ADDRESS	760 AMHURST DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, CLYDE K	2.2 NAME	
STREET ADDRESS	620 SOUTH SAXON BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, MARY C	3.2 NAME	
STREET ADDRESS	620 SOUTH SAXON BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANRAHAN, ROBERT E.	4.2 NAME	
STREET ADDRESS	384 KINGS LAKE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEBARY FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANRAHAN, JOSEPHINE	5.2 NAME	
STREET ADDRESS	384 KINGS LAKE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEBARY FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE: *John C. Meade*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 29 1997 DAYTIME PHONE # (904) 794-1537

CR2E034 (9/96)