
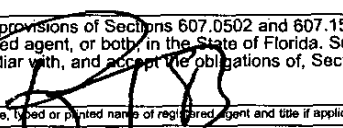


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90242 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000031722					
1. Corporation Name NINETEENTH HOLE, INC.					
Principal Place of Business 6196 S.FEDERAL HWY. STUART FL 34996			Mailing Address 7557 SE PELICAN WAY HOBE SOUND FL 33455		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1993	
21		26		4. FEI Number 59-3178413	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent BURNS, RICHARD J 7557 S.E. PELICAN WAY HOBE SOUND FL 33455				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code
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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DPT <input type="checkbox"/> DELETE				
NAME	BURNS, RICHARD J				
STREET ADDRESS	7557 SE PELICAN WAY				
CITY-ST-ZIP	HOBE SOUND FL 33455				
TITLE	M <input type="checkbox"/> DELETE				
NAME	BURNS, STEPHEN R				
STREET ADDRESS	8 APPETREE LN				
CITY-ST-ZIP	WILMINGTON MA 01887				
TITLE	VD <input type="checkbox"/> DELETE				
NAME	BURNS, MICHAEL J				
STREET ADDRESS	37 CLIFFE AVE				
CITY-ST-ZIP	LEXINGTON MA				
TITLE	C <input type="checkbox"/> DELETE				
NAME	BURNS, ROBERT J				
STREET ADDRESS	37 CLIFFE AVE.				
CITY-ST-ZIP	LEXINGTON MA 02173				
TITLE	SC <input type="checkbox"/> DELETE				
NAME	BURNS, ARLINE A				
STREET ADDRESS	37 CLIFFE AVE.				
CITY-ST-ZIP	LEXINGTON MA				
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 type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/1/98)