

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039792

1. Corporation Name

ONE UP GOLF OF CLEARWATER, INC.

Principal Place of Business

2970 GULF TO BAY BLVD.
CLEARWATER FL 34619

Mailing Address

8405 SUNSTATE STREET
TAMPA FL 33634
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

MILLS, FREDERICK J
%MORRISON, MORRISON & MILLS, P.A.
1200 W. PLATT ST., SUITE 100
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and type of authority

(Name, Registered Address, and type of authority of each officer or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME
OP
SELLERS, KENNETH L
STREET ADDRESS
16709 WINDSOR PARK DR.
CITY-ST-ZIP
LUTZ FL 33549

TITLE [DELETE]

NAME
DST
SELLERS, NANCY V
STREET ADDRESS
16709 WINDSOR PARK DR.
CITY-ST-ZIP
LUTZ FL 33549

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-ST-ZIP

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

13 TITLE

13 NAME

13 STREET ADDRESS

13 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(4)(a), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
SEP 12 AM 9:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FID Number

59-3185574

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/99)

2/18/99

813/889-7122