

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000062927 (7)**

1. Corporation Name

**PHIL BASHNER PROFESSIONAL GOLF, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>5135 FOXHALL DR S<br/>W PALM BCH FL 33417<br/>US</b> | Mailing Address<br><b>5135 FOXHALL DR S<br/>W PALM BCH FL 33417<br/>US</b> |
|--|--|

|   |                         |  |                         |   |  |
|---|-------------------------|--|-------------------------|---|--|
| 2. Principal Place of Business<br><b>21 Post Office Box 30461</b> |                         | 2a. Mailing Address<br><b>26 Post Office Box 30461</b> |                         | 3. Date Incorporated or Qualified<br><b>09/03/1993</b>  | 3a. Date of Last Report<br><b>08/10/1995</b>           |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.                                    |                         | 4. FEI Number<br><b>65-0436744</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br><b>23 PALM BEACH GARDENS, FL</b>                  |                         | City & State<br><b>27 PALM BEACH GARDENS, FL</b>       |                         | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| Zip<br><b>24 33420</b>  | Country<br><b>25 US</b> | Zip<br><b>29 33420</b>                                 | Country<br><b>30 US</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |
|   |                         |  |                         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |  |                                |
|--|--|--|--|--|--------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>BASHNER, PHIL<br/>9001 SAMPLE RD.<br/>CORAL SPRINGS FL 33065</b> |  |  |  | 10. Name and Address of New Registered Agent   |                                |
|  |  |  |  | 81 Name<br><b>BASHNER, PHIL</b>  |                                |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>473 BRACKENWOOD LANE NORTH</b> |                                |
|  |  |  |  | 83   |                                |
|  |  |  |  | 84 City<br><b>PALM BEACH GARDENS</b>   | 85 Zip Code<br><b>FL 33418</b> |

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 title if applicable

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

**6/11/96**

|                            |                   |                                 |  |   |                              |  |  |
|----------------------------|-------------------|---------------------------------|--|---|------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                   |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |  |  |
| TITLE                      | CD                | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | SD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BASHNER, PHIL     |                                 |  | 1.2 NAME  | BASHNER, LANNY               |  |  |
| STREET ADDRESS             | 5135 FOXHALL DR S |                                 |  | 1.3 STREET ADDRESS                                    | 473 BRACKENWOOD LANE NORTH   |  |  |
| CITY-ST-ZIP                | W PALM BEACH FL   |                                 |  | 1.4 CITY-ST-ZIP                                       | PALM BEACH GARDENS, FL 33418 |  |  |
| TITLE                      | SD                | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | CD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | BASHNER, JOYCE    |                                 |  | 2.2 NAME  | BASHNER, PHIL                |  |  |
| STREET ADDRESS             | 5135 FOXHALL DR S |                                 |  | 2.3 STREET ADDRESS                                    | 473 BRACKENWOOD LANE NORTH   |  |  |
| CITY-ST-ZIP                | W PALM BEACH FL   |                                 |  | 2.4 CITY-ST-ZIP                                       | PALM BEACH GARDENS, FL 33418 |  |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | VTD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                   |                                 |  | 3.2 NAME  | BASHNER JOYCE                |  |  |
| STREET ADDRESS             |                   |                                 |  | 3.3 STREET ADDRESS                                    | 473 BRACKENWOOD LANE NORTH   |  |  |
| CITY-ST-ZIP                |                   |                                 |  | 3.4 CITY-ST-ZIP                                       | PALM BEACH GARDENS, FL 33418 |  |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  | 4.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                   |                                 |  | 4.2 NAME  |                              |  |  |
| STREET ADDRESS             |                   |                                 |  | 4.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                |                   |                                 |  | 4.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                   |                                 |  | 5.2 NAME  |                              |  |  |
| STREET ADDRESS             |                   |                                 |  | 5.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                |                   |                                 |  | 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 is voluntarily furnished and does not qualify 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 this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/11/96**

Date

Daytime Phone #

**65 7129191**

CR2E034 (3/96)