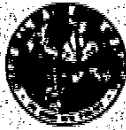


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070019 (3)

1. Corporation Name

LEVEL BEST GOLF, INC.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3205644

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**SOLOMON, JAMES G
12114 SEMINOLE BLVD.
LARGO FL 34648**

81 Name **FRED L. SOLOMON**

82 Street Address (P.O. Box Number is Not Acceptable)
12114 SEMINOLE BLVD.

83

84 City **LARGO**

FL

85 Zip Code
34648

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 607.1505 Florida Statutes.

SIGNATURE

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P
SOLOMON, JAMES G
12114 SEMINOLE BLVD.
LARGO FL**

1.1 TITLE

**P.
FRED L. SOLOMON**

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

12114 SEMINOLE BLVD.

CITY - ST - ZIP

1.4 CITY - ST - ZIP

LARGO, FL 34648

TITLE

**V
SOLOMON, FRED L
285 107TH AVE 801
TREASURE ISL FL**

2.1 TITLE

V

☒ Change ☐ Addition

NAME

2.2 NAME

SOLOMON, JAMES G.

STREET ADDRESS

2.3 STREET ADDRESS

4101 KIPLING AVENUE

CITY - ST - ZIP

2.4 CITY - ST - ZIP

PLANT CITY, FL 33567

TITLE

3.1 TITLE

SEC

☐ Change ☒ Addition

NAME

3.2 NAME

SANDERS, PATRICIA A.

STREET ADDRESS

3.3 STREET ADDRESS

11680 SHIPWATCH DR. #1452

CITY - ST - ZIP

3.4 CITY - ST - ZIP

LARGO, 34644

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE

☐ Change ☐ 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE

**FRED L. SOLOMON
PRESIDENT**

4-26-95

813-585-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone