FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081935 (7)

1. Corporation Name

GOLF FORCE, INC.

Principal Place of Business

515 NORTH FLAGLER DR.
SUITE 700
WEST PALM BEACH FL 33401

Mailing Address

515 NORTH FLAGLER DR.
SUITE 700
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0478613 ☐ 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. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 25 Zip Code

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 30

9. Name and Address of Current Registered Agent

DONER, ADAM S.
515 NO. FLAGLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DONER, ADAM S
STREET ADDRESS	515 N. FLAGLER DR., SUITE 700
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	V
NAME	GORDON, ROBERT E
STREET ADDRESS	515 N. FLAGLER DR., SUITE 700
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	S
NAME	DAVIS, ZELL JR.
STREET ADDRESS	515 N. FLAGLER DR., SUITE 700
CITY-ST-ZIP	WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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.

SIGNATURE: [signature] Adam S. Doner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (407) 659-7337
Date / Daytime Phone #

0242211 CP