

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 # P94000019210 (1) ✓

1. Corporation Name

U.S. Golf Management, Inc.

Principal Place of Business Mailing Address

255 S. Orange Avenue 255 S. Orange Ave.
Suite 1515 Suite 1515
Orlando, FL 32801 Orlando, FL 32801
US

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Mailing Address

22 Suite, Apt. #, etc. 27 City & State

23 City & State 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90006 001 *3,850.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/11/1994

4. FEI Number **59-3235745** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

Stanchina, Warren J.
255 S. Orange Ave.
Suite 1515
Orlando, FL 32801

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanchina, Warren J	1.2 NAME	
STREET ADDRESS	255 S. Orange Ave, Suite 1515	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	1.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duren, Wolfgang	2.2 NAME	
STREET ADDRESS	255 S. Orange Ave. Suite 1515	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanchina, Mary Lynn	3.2 NAME	
STREET ADDRESS	255 S. Orange Ave. SUite 1515	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	3.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M L Stanchina* M L Stanchina
Secretary

6/4/99 607-245-7557
Daytime Phone #

CR2034 (11/98)