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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000024421 (7)

1. Corporation Name

FLORIDA GOLF COMPONENTS, INC.



Principal Place of Business

1300 ARIEL CT
FT WALTON BEACH FL 32547-1190

Mailing Address

117 NW RACETRACK RD
#331
FT WALTON BEACH FL 32547-1641
US

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 1025 E John Sims Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

27 1025 E John Sims Pkwy
Suite, Apt. #, etc.

4. FEI Number

59-3275870

Applied For

Not Applicable

22 City & State

23 Nkeville, FL

24 32578 25 Country

27 City & State

28 Nkeville, FL

29 32578 30 Country

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VERZWYVELT, BRETT J
1300 ARIEL CT
FT WALTON BEACH FL 32547-1190

10. Name and Address of New Registered Agent

81 Name Brett J. Verzwyncht
82 Street Address (P.O. Box Number is Not Acceptable)
210 Galway Dr.
83 City
84 Nkeville FL 85 Zip Code 32578

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

TITLE	PTD	DELETE
NAME	VERZWYVELT, BRETT	
STREET ADDRESS	1300 ARIEL CT.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VSD	DELETE
NAME	ROSS, DAVID T.	
STREET ADDRESS	5635 N SMPWDEM	
CITY-ST-ZIP	BATON ROUGE LA	
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

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	210 Galway Dr
1.4 CITY-ST-ZIP	Nkeville, FL 32578
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Brett J. Verzwyncht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

904-729-3494

Daytime Phone #

CR2E034 (9/96)