SECOND N	OTICE: CORPORATION WILL BE	DISSOLVED ON OR AFTER AU	GUST 7, 1996.		
AMOUNT DUE 0	N OR BEFORE 8/7/96: \$225 (IF DISSO	LVED, MINIMUM AMOUNT DUE TO	D REINSTATE: \$375.)	$\neg$	
-	ROFIT PORATION	FLORIDA DEPARTM Sandra B. M			
ANNUAL REPORT Secretary of State			-		
1996 DIVISION OF CORPORATIONS					
DOCUN		0029752 (0)			
1. Corporation	Name	020102 (0)			
BEITER	GOLF CLUBS, INC.				
Principal Place	of Business	Mailing Address			BELLE MELE PERIL LORDI BILAN ILGI FEBI
29142 US 19 NORTH CLEARWATER FL 34621		29142 US 19 NORTH CLEARWATER FL 34621			
CLEARWATER	FL 34021	CLEARWATER PL 34021		3. Date Incorporated or Qualified	3a. Date of Last Report
				04/18/1994 4. FEI Number	07/28/1995 Applied for
2. Principal Pla	ace of Business	2a. Mailing Address		59-3258154	Not Applicable
Suite, Apt #	t, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	28 Z <sub>P</sub>	Country	This corporation has liability for in	
24	25	29 3	<u> </u>	Florida Statutes   10. Name and Address of New Reg	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name		istered Agent
	.an, mark r 42 us 19 n.		82 Street Add	ERIC THIEL  lress (P.O. Box Number is Not Acceptable	e)
	ARWATER FL 34621	29142 US 19 N			
			83		
			84 City C	LEARWATER	FL 85 7p Code 34621
11. Pursuant t	wintered and or both in the State.	of Florida, Such change was auft	norized by the cornoral	poration submits this statement for the pulion's board of directors. Thereby accept	rpose of changing its registered the appointment as registered
agent Lar	n familiar with, and accept the obliga	ations of, Section 607 0505, Floric	la Statutes		7/2/54
SIGNATURE	Signature Type Fox printe finite of registered age	of and telephappie about (NOTE 1	log armod Agent signature requ		Julio
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	PTD THEIL. ERIC		1.1 TIFLE 1.2 NAME		
STREET ADDRESS	29142 US 19 NORTH		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		14 City - S1-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	BAKER, GEORGE 29142 US 19 NORTH		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS  CITY-S1-ZIP	CLEARWATER FL 34621		2 4 CITY - ST - ZIP		
TITLE	SD	DELETE	3 1 THE		Change Addition
NAME	DOLAN, MARK R	4 -	3.2 NAME		
STREET ADDRESS	12585 ULMERTON ROAD		3 3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644	DELETE	3.4 CHY+ST-ZIP 4.1 THLE		Change Addition
TITLE NAME		Land Delicite	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CiTY ST ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	A LONG TO COLUMN	Change Addition
NAME			6.2 NAME	1 0 0 0 0 1 9 C -07/26/96010	42033
STREET ADDRESS			6.3 STREET ADORESS	***225.00	
CITY-ST-7IP	1		6 4 CITY - S1 - ZIP		

6.4 CITY - \$1 - 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 1 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 each; that I am an officer or director of the corporation or the receiver or trusted 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

ERIC THIEL 6/13/96 (813) 785-3311