

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000030365 (8)**

1. Corporation Name

THE PUTTING ZONE, INC.

Principal Place of Business

**2338 IMMOKALEE RD., #250
NAPLES FL 33942**

Mailing Address

**2346 NAPLES TRACE CR., #2
NAPLES FL 33942**



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1984	12/18/1995
4. FEI Number	Applied For
65-0499529	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICIGLIANO, WILLIAM
2346 NAPLES TRACE CR.
APT. 2
NAPLES FL 33942**

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

Signature, typed or printed name of registered agent and the applicable

(DATE) Registered Agent signature required when new filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICIGLIANO, WILLIAM	1.2 NAME	
STREET ADDRESS	2346 NAPLES TRACE CR., #2	1.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICIGLIANO, DEBRA	2.2 NAME	
STREET ADDRESS	2346 NAPLES TRACE CR., #2	2.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNARE, CLAYTON	3.2 NAME	
STREET ADDRESS	1268 FOXFIRE LN.	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT	4.2 NAME	
STREET ADDRESS	MISTLE THRUSH LN.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33999	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKS, JOSEPH	5.2 NAME	
STREET ADDRESS	4841 SHEARWATER LN.	5.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33999	5.4 CITY- ST- ZIP	
TITLE		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 do hereby certify that the information supplied on 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

941-643-0576

CR2E034 (12/95)