

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 # **P94000036959 (2)**

1. Corporation Name

VAN WART CHAMPIONSHIP GOLF, INC.



Principal Place of Business

Mailing Address

~~450 LAKE BRIDGE DR
APT 306
ORMOND BEACH FL 32174~~

JOHN VAN WART
4 Meadow Ridge View
Ormond Beach, FL 32174

JOHN VAN WART
4 Meadow Ridge View
Ormond Beach, FL 32174

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # **JOHN VAN WART**
4 Meadow Ridge View
22 City & State **Ormond Beach, FL 32174**

26 Suite, Apt. # **JOHN VAN WART**
4 Meadow Ridge View
27 City & State **Ormond Beach, FL 32174**

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3250058

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

~~VAN WART, JOHN
450 LAKE BRIDGE DR
APT 306
ORMOND BEACH FL 32174~~

JOHN VAN WART
4 Meadow Ridge View
Ormond Beach, FL 32174

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 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 **PSD** DELETE
NAME **VAN WART, JOHN**
STREET ADDRESS **450 LAKE BRIDGE DR APT 306**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Signature: John Van Wart

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

John Van Wart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____
Daytime Phone # **904-677-3289**
904-676-1880

CR2E034 (12/95)