

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 # P94000055085 (2)

1. Corporation Name
G & M GOLF SERVICES, INC.



Principal Place of Business: **7128 SOUTH MILITARY TRAIL LAKE WORTH FL 33463**
Mailing Address: **7128 SOUTH MILITARY TRAIL LAKE WORTH FL 33463**

3. Date Incorporated or Qualified: **07/26/1994**
3a. Date of Last Report: **06/20/1995**
4. FET Number: **65-0508602**
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

2. Principal Place of Business
21. ~~7128 S. Military Trail~~ **P.O. Box 7112**
22. Suite, Apt. #, etc.
23. **DELRAY BCH, FLA.**
24. Zip **33482**
25. Country **Palm Bch**
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**HOPKINS, MARGARET
7128 S. MILITARY TRAIL
LAKE WORTH FL 33463**
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **7128 S. MILITARY TRAIL P.O. BOX 7112**
83. City: **DELRAY BCH** FL 85. Zip Code: **33482**

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: _____ Date: _____
Signature typed or printed name of registered agent and the corporation. Date typed or printed name of registered agent and the corporation.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: HOPKINS, MARGARET J	1. TITLE	7128 S. Military Trail Lake Worth FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7128 S. MILITARY TRAIL	CITY-ST-ZIP: LAKE WORTH FL 33463	2. NAME	P.O. BOX 7112 MAILING ADDRESS
TITLE:	NAME:	3. STREET ADDRESS	DELRAY BCH, FLA. ADDRESS
STREET ADDRESS:	CITY-ST-ZIP:	4. CITY-ST-ZIP	V.P. 7128 S. Military Trail <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5. CITY-ST-ZIP	P.O. BOX 7112 Lake Worth FL 33482 MAILING ADDRESS
STREET ADDRESS:	CITY-ST-ZIP:	6. CITY-ST-ZIP	DELRAY BCH FLA. ADDRESS
TITLE:	NAME:	7. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	9. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	10. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	11. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	13. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	15. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	17. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	19. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Margaret J. Hopkins* **2-6-96** **407-995-2482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)