

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060486 (5)

To: Corporation Name

DH GOLF SERVICES, INC.

Principal Place of Business

5800 NW 2 AVE
BOCA RATON FL 33431

Mailing Address

5800 NW 2 AVE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report

4. FEI Number

65-0513680

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 § 199 (3)(2),
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. # etc.

Suite Apt. # etc.

22

27

City & State

City & State

23

28

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLINSHEAD, DARYL
5800 NW 2 AVE
BOCA RATON FL 33431

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 Agent: Daryl Hollinshead, 5800 NW 2 Ave, Boca Raton, FL 33431

Signature Registered Agent: Daryl Hollinshead, 5800 NW 2 Ave, Boca Raton, FL 33431

DAY

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD
NAME	HOLLINSHEAD, DARYL
STREET ADDRESS	5800 NW 2 AVE
CITY, ST, ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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(4)(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 registrar or trustee empowered to execute this report as required by Chapter 187, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95

(407) 997-2463

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Martin
Secretary of State
CONSTITUTIONAL SECRETARIAT

APPROVED
AND
FILED

0 MAY 22 PM 10:20

DOCUMENT # P94000060545 (8)

1. Corporation Name

MICROBEAM CORPORATION

STATE OF FLORIDA
SECRETARY OF STATE

Principal Place of Business
7600 BRYAN DAIRY ROAD
STE. B
LARGO FL

Mailing Address
7600 BRYAN DAIRY ROAD
STE. B
LARGO FL

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/16/1994

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3256817	Not Applicable
22. State, Apt. # etc.	27. State, Apt. # etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
24. City & State	29. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes ☐ No ☒
24	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MASTERS, CHARLES G 3400 82ND WAY NO. ST. PETERSBURG FL 33710		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.15(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type name and title)

Signature of Agent (Type name and title)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	MASTERS, CHARLES G	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	7600 BRYAN DAIRY ROAD STE. B	2. STREET ADDRESS	
3. CITY & STATE	LARGO FL	3. CITY & STATE	
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

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 191.02(3)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

C. G. Masters
C. G. Masters

5/17/95

(413) 546 2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type Name)