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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000080730 (2)

1. Corporation Name  
SUNBEAM GOLF CENTER, INC.



Principal Place of Business: 4448 SUNBEAM RD. JACKSONVILLE FL 32257  
Mailing Address: 4448 SUNBEAM RD. JACKSONVILLE FL 32257-8071

3. Date Incorporated or Qualified: 11/03/1994  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields.

4. FEI Number: 59-3275889  
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  
MENGER, ROBERT M  
4722 BRIERWOOD ROAD SOUTH  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent (81-85)

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 officer 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: *Robert Menger* Pres DATE: 4/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MENGER, ROBERT M STREET ADDRESS: 4722 BRIERWOOD RD. SOUTH CITY - ST - ZIP: JACKSONVILLE FL 32257	1.1 TITLE	Change Addition
TITLE: D	NAME: MENGER, LORI G STREET ADDRESS: 4722 BRIERWOOD RD. SOUTH CITY - ST - ZIP: JACKSONVILLE FL 32257	1.2 NAME	Change Addition
TITLE:	NAME:	1.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	1.4 CITY - ST - ZIP	Change Addition
TITLE:	NAME:	2.1 TITLE	Change Addition
TITLE:	NAME:	2.2 NAME	Change Addition
TITLE:	NAME:	2.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	2.4 CITY - ST - ZIP	Change Addition
TITLE:	NAME:	3.1 TITLE	Change Addition
TITLE:	NAME:	3.2 NAME	Change Addition
TITLE:	NAME:	3.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	3.4 CITY - ST - ZIP	Change Addition
TITLE:	NAME:	4.1 TITLE	Change Addition
TITLE:	NAME:	4.2 NAME	Change Addition
TITLE:	NAME:	4.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	4.4 CITY - ST - ZIP	Change Addition
TITLE:	NAME:	5.1 TITLE	Change Addition
TITLE:	NAME:	5.2 NAME	Change Addition
TITLE:	NAME:	5.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	5.4 CITY - ST - ZIP	Change Addition
TITLE:	NAME:	6.1 TITLE	Change Addition
TITLE:	NAME:	6.2 NAME	Change Addition
TITLE:	NAME:	6.3 STREET ADDRESS	Change Addition
TITLE:	NAME:	6.4 CITY - ST - ZIP	Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert Menger* Robert Menger DATE: 4/14/97 (904)262-8367

CR2E034 (9/96)