SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:25

DOCUMENT # **P94000092627 (6)**

1. Corporation Name
FORMULA GOLF, INC.

Principal Place of Business: 3235 MAPLE LANE, DAVIE FL 33328

Mailing Address: 3235 MAPLE LANE, DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report:

4. FEI Number: 65-0539463 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under ... Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

IRWIN, JAMES W
3235 MAPLE LANE
DAVIE FL 33328

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: James W. Irwin PRES. — JAMES W. IRWIN PRES. — 8/3/95

12. OFFICERS AND DIRECTORS

	12.	13.	
TITLE	D	D	☐ Change ☒ Addition
NAME	IRWIN, JAMES W	WALSH, MICHAEL	
STREET ADDRESS	3235 MAPLE LANE	1900 S.W. 81ST AVE # 221	
CITY-ST-ZIP	DAVIE FL 33328	POMPANO BEACH, FLA. 33068	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on the 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: James W. Irwin PRES. — JAMES W. IRWIN PRES. 8/3/95 — 305 474-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0078703 CP