

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000092839 (7)

1. Corporation Name

NEXT DAY GOLF, INC.



Principal Place of Business

8000 N ANDREWS AVENUE  
FORT LAUDERDALE FL 33309

Mailing Address

8000 N ANDREWS AVENUE  
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUHLE, MICHAEL A  
8000 N ANDREWS AVENUE  
FORT LAUDERDALE FL 33309

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 607.1505, 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 on the back of the report and the following:

(Initials) Registered Agent signature required when filing statement.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

12 NAME  
13 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
22 NAME  
23 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

24 CITY - ST - ZIP  
3.1 TITLE  
32 NAME  
33 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

34 CITY - ST - ZIP  
4.1 TITLE  
42 NAME  
43 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

44 CITY - ST - ZIP  
5.1 TITLE  
52 NAME  
53 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

54 CITY - ST - ZIP  
6.1 TITLE  
62 NAME  
63 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KUHLE 4-30-96 305-462-7651

CR2E034 (12/95)