FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000017483 (5)

ENTERTAINMENT GOLF, INC.

CUSHMAN, CHRISTOPHER D.

315 JACKSON DR.

SARASOTA FL 34236

Principal Place of Business Mailing Address 315 JACKSON DR. 315 JACKSON DR. **SARASOTA FL 34236-1707** SARASOTA FL 34236 3a. Date of Last Report 3. Date Incorporated or Qualified 04/23/1996 03/02/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 325 Arthur Drive 325 Arthur Drive Suito, Apt #, etc. 65-0572905 26 Suite, Apt. #, etc. П 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing た Swassta Surasatu 23 28 Trust Fund Contribution Country

34236

29

9. Name and Address of Current Registered Agent

CitySwassta 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

83

Name

SIGNATURE Signature, typicd or practice name of registered agent and title 4 appropable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. Change Addition DELETE 1.1 TITLE TITLE D/S CUSHMAN, CHRISTOPHER D 1.2 NAME NAME 325 Arthur Drive 315 JACKSON DRIVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 Swaish, Fr 34236 1.4 City-St-78 CITY - ST. ZIP DELETE Change Addition TILLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CCTY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-20P CITY - S1 - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COTY-ST-ZiP Change Addition DELETE TELLE 61 TITLE MAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CHY-ST-ZIP

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.

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FILED

Apr 04 1997 8:00am

Secretary of State

Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)
325 Arthur Prive

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable