

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000024549 (4)**

1. Corporation Name  
**GOLF BROKERAGE U.S.A. INC.**

Principal Place of Business <b>2500 HOLLYWOOD BLVD. 215 HOLLYWOOD FL 33020</b>	Mailing Address <b>2500 HOLLYWOOD BLVD. 215 HOLLYWOOD FL 33020-8615</b>
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3. Date Incorporated or Qualified <b>03/27/1995</b>	3a. Date of Last Report <b>08/06/1996</b>
4. FEI Number <b>APPLIED FOR 65-0668505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 1222 N.E. 4th Avenue</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 1222 N.E. 4th Avenue</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Fort Lauderdale, FL</b>	City & State <b>28 Fort Lauderdale, FL</b>
Zip <b>24 33304</b>	Country <b>25 U.S.</b>
Zip <b>29 33304</b>	Country <b>30 U.S.</b>

9. Name and Address of Current Registered Agent <b>LABOSSIERE, MARC 2500 HOLLYWOOD BLVD. 215 HOLLYWOOD FL 33020</b>		10. Name and Address of New Registered Agent <b>81 Name Labossiere Marc</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 5th Avenue</b> <b>83</b> <b>84 City Fort Lauderdale, FL</b> <b>85 Zip Code 33304</b>	
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11. Pursuant to the provisions of Sections 607.0507 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 Marc Labossiere DATE 04/13/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOULET, JOSEF</b>	1.2 NAME	
STREET ADDRESS	<b>538 ESTRELLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLBURG, QUEBEC CANADA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOULET, CHANTAL</b>	2.2 NAME	
STREET ADDRESS	<b>1288 MONTABUR DAS ROCHAS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLBURG, QUEBEC CANADA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE: Josef Goulet DATE 04/13/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)