


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

001823

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90065 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P95000027974**

1. Corporation Name  
**SABER TOOTH GOLF COMPANY**



Principal Place of Business 1200 MAYPORT RD #3 ATLANTIC BCH FL 32233 US	Mailing Address P O BOX 1996 PONTE VEDRA BEACH FL 32082 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/07/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
--------------------------------------	---------------------------

4. FEI Number <b>59-3308681</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State 23	City & State 28
--------------------	--------------------

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip 24	Country 25	Zip 29 <b>32004</b>	Country 30
-----------	---------------	------------------------	---------------

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BUSCHMAN, ALBERT E JR.**  
**2215 S. THIRD STREET**  
**SUITE 101**  
**JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Erin V. Hueber* DATE 1/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUEBER, DAVID B</b>
STREET ADDRESS	<b>123 NANDINA CIRCLE</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUEBER, LUCINDA A</b>
STREET ADDRESS	<b>123 NANDINA CIRCLE</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (11/98)

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erin V. Hueber* DATE: 1/12/99 DAYTIME PHONE #: 904-285-9820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR