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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032482 (8)

MUM GOLF ENTERPRISES, INC.

Principal Place of Business Mailing Address

438 BUTTONWOOD LANE

LARGO FL 34840 LARGO FL 33770-4046

## FILED Jan 23 1997 8:00am Secretary of State



LARGO-FE 34840		LARGO FL 33770-4046		·			
					3. Date Incorporated or Qualified 04/25/1995	3a. Date of Last 03/20/1996	
	Place of Business	2a. Mailing Address			4. FEI Number 59-33 13447	<b>}</b>	Applied For
21 2987 Suite, Apt	Methallow Book land	Suite, Apt. #, etc.			08-00 10441		Not Applicable
22 1	<b>"</b> , <b>C</b> (C	27			5. Certificate of Status Desired		5 Additional Required
City & Stat	reworter, FL	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees
710 24 <b>3</b> 46	21 25 Pinellas	Zip 30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax under	rs. 199.032,
	9. Name and Address of Curi	rent Registered Agent		r	10. Name and Address of New Reg	jistered Agent	
	PHY, JOHN J		81	Name			
	BUTTONWOOD LANE GO FL <del>51840</del> - 23776		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
LAM	33770 33770		83				
			84	City		leel 7	in Cade
			64	City		FL  85   21	ip Code
off-se or i	registered agent, or both, in the Sta	ate of Florida. Such change was auti digations of, Section 607.0505, Florid	horized by da Statute:	the corpors.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose or changing the appointment of the appointme	as registered
12.		AND DIRECTORS	13.	ent signature req	aured when reinstating)  ADDITIONS/CHANGES TO OFFIC		OBS IN 12
THUE	PSTD	DELETE	1.1 TOLE	T	ADDITIONO/CHANGES TO OFFICE	Chang	
NAME	MURPHY, MICHAEL J		1.2 NAME				
STREET ADDRESS	438 BUTTONWOOD LANE		1.3 STREET	ADDRESS			
City - St - ZiF	LARGO FL 34640		1.4 CITY - S	IT - ZIP			
TITLE	D AMIDDING IACONG INC. A	L DELETE	2.1 TITLE			Chang	e Addition
NAME STUSE LABORATOR	MURPHY, JACQUELINE A 438 BUTTONWOOD LANE		2 2 NAME	1000000			
STREET ADDRESS CITY-ST-ZIF	LARGO FL 34640		2.3 STREET  2. 4 CITY -	ŀ			
Title		DELETE	3.1 TITLE	31-411		Chang	je Addition
NAME.			3.2 NAME				
STREET ADORESS			3.3 STREE	ADDRESS			
CITY - ST- ZIP			3.4. CITY-	ST-7IP			
TOTALE		☐ DELETE	4.1 TITLE			L Chang	je Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET				
CITY+ST ZIF TITLE		DELETE	4.4 CITY - S 5.1 TITLE	11-ZIP		☐ Chang	ne
NAME		<del></del>	5.2 NAME				
STREET AUDRESS			5.3 STREET	ADORESS			
CITY+ST-ZIP			5.4 CITY - S	it - ZIP			
TITLE		DELETE	61 TITLE			☐ Chang	je 🔲 Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET				
CITY-ST-ZIP	l		6.4 CITY - S	it - 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 his 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 DIRECT

Michael Murphy

1-16-4 ( Daytime F

Daytime Phone #