


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

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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000041705 (1)**

1. Corporation Name

ELDER & SONS GOLF ETC., INC.

Principal Place of Business

**859 PINE VIEW AVENUE
ROCKLEDGE FL 32955**

Mailing Address

**859 PINE VIEW AVENUE
ROCKLEDGE FL 32955**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1995	
21 760 S. BREVARD AVE	26 910 WELLS AVENUE	4. FEI Number 59-3324455		Applied For <input type="checkbox"/> Not Applicable	
22 318	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 COCOA BEACH FL	28 ANNAPOLIS, MARYLAND	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32931	25 USA	29 21403		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MADARY, CHARLES R III
859 PINE VIEW AVENUE
ROCKLEDGE FL 32955**

81 Name **ELDER, ROBERT L.**
82 Street Address (P.O. Box Number is Not Acceptable)
760 S. BREVARD AVE
83 Apt. **318**
84 City **COCOA BEACH** **FL** **85** Zip Code **32931**

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 **Robert L. Elder** **ROBERT L. ELDER** **4-01-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADARY, MARK A 859 PINE VIEW AVENUE ROCKLEDGE FL 32955	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME SAME 910 WELLS AVENUE ANNAPOLIS, MD 21403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADARY, CHARLES R III 859 PINE VIEW AVENUE ROCKLEDGE FL 32955	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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: **MARK A MADARY** **4-01-98** **410-268-3946**

CR2E034 (10/97)