

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047224 (7)

1. Corporation Name

B S & M GOLF ENTERPRISES, INC.



Principal Place of Business

20 TOMOKA OAKS BLVD.
ORMOND BEACH FL 32174

Mailing Address

20 TOMOKA OAKS BLVD.
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLETT, LAURENCE H
125 NORTH RIDGEWOOD AVENUE
DAYTONA BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature typed or printed in the corresponding block on this form.

Signature typed or printed in the corresponding block on this form.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BREEN, WILLIAM J JR.
20 TOMOKA OAKS BLVD.
ORMOND BEACH FL 32174

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

William J Breen Jr. William J Breen Jr 4-23-96 904 677-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)