SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000053837 (7)

1. Corporation Name

DIVOT GOLF BALL COMPANY

Principal Place of Business	Mailing Address
442 W KENNEDY BLVD STE 200 TAMPA FL 33606	442 W KENNEDY BLVD STE 200 TAMPA FL 33606

3. Date Incorporated or Qualified: 07/07/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3322812 — Applied For / Not Applicable
5. Certificate of Status Desired [✓] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 172067
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State: TAMPA, FLORIDA
24 Zip / 25 Country	29 Zip: 33672-2067 / 30 Country: USA

9. Name and Address of Current Registered Agent

CELLURA, JOSPEH R
442 W KENNEDY BLVD STE 200
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CELLURA, JOSEPH R	1.2 NAME	
STREET ADDRESS	442 W KENNEDY BLVD STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	2.1 TITLE	P/D [ ] Change [✓] Addition
NAME		2.2 NAME	ELLEE M. KNIGHT
STREET ADDRESS		2.3 STREET ADDRESS	P.O. BOX 3591
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANT CITY, FL 33564 N/A
TITLE	[ ] DELETE	3.1 TITLE	S/T [ ] Change [✓] Addition
NAME		3.2 NAME	KATHLEEN J. MILLER
STREET ADDRESS		3.3 STREET ADDRESS	P.O. BOX 172067
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33672-2067 N/A
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	200001931442
STREET ADDRESS		5.3 STREET ADDRESS	-08/26/96--01008--034
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***701.25
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen J. Miller KATHLEEN J. MILLER 8/5/96 813 251 1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)