

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 # P95000056517 (2)

1. Corporation Name

RIB EYE GOLF COMPANY, INC



Principal Place of Business

896 SANDALWOOD PLACE
JENSEN BEACH FL 34957

Mailing Address

896 SANDALWOOD PLACE
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified
07/20/1995

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

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0599314

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRARO, FRANK A
3601 S.E. OCEAN BLVD, STE 001
STUART FL 34996

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 name of registered agent and the principal officer)

(If 301 Registered Agent signature required, when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PRES / SEC / TREAS
NAME: CLARK E COLLINS
STREET ADDRESS: 896 SANDALWOOD PLACE
CITY-ST-ZIP: JENSEN BEACH FL 34957

TITLE: DELETE
NAME: DELETE
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CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

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 19.07(3)(k), Florida Statutes. I hereby 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 or 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 my address.

SIGNATURE: Clark E. Collins Pres. 4/24/96

407-221-3600
DATE TIME PHONE

CR2E034 (12/95)