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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000056517 (2)

1. Corporation Name
~~RIB-EYE GOLF COMPANY, INC~~
PERFECT Putter Co. 2/3



Principal Place of Business: 890 SANDALWOOD PLACE JENSEN BEACH FL 34957
2822 SE MONROE ST. STUART, FL. 34997

Mailing Address: 896 SANDALWOOD PLACE JENSEN BEACH FL 34957-4745
2822 SE MONROE ST. STUART, FL. 34997

3. Date Incorporated or Qualified: 07/20/1995
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0599314
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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: FERRARO, FRANK A 3801 S.E. OCEAN BLVD, STE 001 STUART FL 34998

10. Name and Address of New Registered Agent: 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: COLLINS, CLARK E	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 896 SANDALWOOD PLACE	CITY-ST-ZIP: JENSEN BEACH FL 34957	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: SEC TRE	NAME: PATRICK RILEY	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 1004 DIAMOND HEAD WAY	CITY-ST-ZIP: PALM BEACH GARDENS FL. 33418	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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***165.00

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 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: Clark E Collins 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)