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**Apr 16 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 # P95000056810 (1)
1. Corporation Name
CLUB GOLF-HER, INC.



Principal Place of Business: **524 ST LUCIE CRESCENT #307 STUART FL 34994 US**

Mailing Address: **P.O. BOX 41 STUART FL 34995-0041 US**

3. Date Incorporated or Qualified: **07/21/1995**

3a. Date of Last Report: **03/28/1996**

2. Principal Place of Business

21 **232 SE Monterey Ave**

22 Suite, Apt. #, etc.

23 **Stuart FL**

24 **34996**

25 Country

2a. Mailing Address

26 **Po Box 41**

27 Suite, Apt. #, etc.

28 **Stuart FL**

29 **34995**

30 Country

4. FEI Number: **65-0604746**

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

9. Name and Address of Current Registered Agent

**O'GRADY, SUSAN
524 ST LUCIE CRESCENT #307
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name: **O'Grady, SUSAN**

82 Street Address (P.O. Box Number Is Not Acceptable): **232 SE Monterey Ave**

83

84 City: **Stuart** FL 85 Zip Code: **34996**

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: Susan H. O'Grady - Pres (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'GRADY, SUSAN H	
STREET ADDRESS	1596 S FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUNDSTROM, KATHI	
STREET ADDRESS	1596 S FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Grady, SUSAN H	
1.3 STREET ADDRESS	232 SE Monterey Ave	
1.4 CITY-ST-ZIP	Stuart, FL 34996	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Susan H. O'Grady DATE: 4/10/97 PHONE: 561 221-1181

CR2E034 (9/96)