FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000061881 (5)

1. Corporation Name

KV GOLF, INC.

Principal Place of Business	Mailing Address
7600 DR PHILLIPS BLVD SUITE 72 ORLANDO FL 32819	7600 DR PHILLIPS BLVD SUITE 72 ORLANDO FL 32819

3. Date Incorporated or Qualified: 08/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 807 S. Orlado Avenue
Suite, Apt. #, etc
22 Suite H
City & State
23 Orlado FL
Zip
24 32789
Country
25 Orange

2a. Mailing Address
26 807 S. Orlado Ave
Suite, Apt #, etc.
27 Suite H
City & State
28 Orlado FL
Zip
29 32789
Country
30 Orange

4. FEI Number — ☑ 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

BYRD, JAMES S JR
807 S ORLANDO AVE
SUITE H
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: David Dowell
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S.R. 434 Suite 200
83
84 City: Longwood FL
85 Zip Code: 32779

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] 5/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	O'NEIL, DANNY	
STREET ADDRESS	7600 DR PHILLIPS BLVD #72	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	☑ DELETE
NAME	DAVIS, ROBERT G	
STREET ADDRESS	7600 DR PHILLIPS BLVD #72	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☑ Addition
3.2 NAME	David R. Dowell	
3.3 STREET ADDRESS	1200 S.R. 434 Suite 200	
3.4 CITY-ST-ZIP	Longwood FL 32750	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900001870789
-06/21/96--01024--037
***225.00

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 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, or on an attachment with an address.

SIGNATURE: [signature] 5/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)