

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 # **P95000064428 (2)**

1. Corporation Name
AMATEUR GOLF, INC.



Principal Place of Business: **9830 N.E. 2ND AVENUE MIAMI SHORES FL 33138**
Mailing Address: **9830 N.E. 2ND AVENUE MIAMI SHORES FL 33138**

3. Date Incorporated or Qualified: **08/21/1995** 3a. Date of Last Report
4. FEI Number: **65-0632906** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **HOWARD J. FEINBERG**
82 Street Address (P.O. Box Number is Not Acceptable): **9830 N.E. 2nd AVE**
83
84 City: **MIAMI SHORES** FL 85 Zip Code: **33138**

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: *Howard J. Feinberg* **HOWARD J. FEINBERG, (Pres.)**

12. OFFICERS AND DIRECTORS

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
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STREET ADDRESS	
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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

11 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HOWARD J. FEINBERG
13 STREET ADDRESS	9830 N.E. 2nd AVE
14 CITY - ST - ZIP	MIAMI SHORES, FL 33138
21 TITLE	V S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ALLAN WOLK
23 STREET ADDRESS	19517 TURNBERRY DR.
24 CITY - ST - ZIP	AVENTURA, FL 33180
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and in an attachment with an address.

SIGNATURE: *Howard J. Feinberg* **HOWARD J. FEINBERG** **6/6/96** **(305) 754-4000**

CR2E034 (12/95)