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0397496

'PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066276**

1. Corporation Name
ONE UP GOLF OF BUENA VISTA, INC.

Principal Place of Business	Mailing Address
12173 S APOPKA VINELAND RD ORLANDO FL 32836 US	8405 SUNSTATE STREET TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
08/28/1995

4. FEI Number
59-3337548
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does Corporation Owe Any Current Year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MILLS, FREDERICK J
MORRISON, MORRISON & MILLS, P.A.
1200 WEST PLATT ST., SUITE 100
TAMPA FL 33606

10. Name and Address of New Registered Agent

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(s) and Typed or Printed Name(s) of Person(s) Authorized to Sign — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] DELETE
NAME	SELLERS, KENNETH L	
STREET ADDRESS	16709 WINDSOR PARK DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	STD	[ ] DELETE
NAME	SELLERS, NANCY V	
STREET ADDRESS	16709 WINDSOR PARK DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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2-22-99

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14. I 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, with all other like empowered.

SIGNATURE: Nancy V. Sellers 2/18/99 813/889-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number