

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089555 (3)

1. Corporation Name

HMW GOLF, INC.



Principal Place of Business

2135 COTTAGE ST
FT MYERS FL 33901

Mailing Address

2135 COTTAGE ST
FT MYERS FL 33901

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
25

29
30

9. Name and Address of Current Registered Agent

HILLMYER, BARRY R
2135 COTTAGE ST
FT MYERS FL 33901

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

4. FFL Number
APPLIED FOR

X 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

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 607.0102 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 607.0806, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
DP	HANLON, MICHAEL	12603 CORRAL RD	TAMPA FL 33626	
DV	MONGOVERN, MICHAEL	1277 HNATON AVE	FT MYERS FL 33901	
DST	WINTER, KEVIN	7270 SWAN LAKE DR	FT MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change	[] Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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***200.00

3.28

14. I do hereby certify that the information supplied via this form 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 registered office empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, hereunder, or on an attached exhibit to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95 813/884 1629

CR2E034 (12/95)