

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 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 # 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 33901-3614**

3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 03/27/1996
4. FEI Number APPLIED FOR 59-3372017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 12203 CORRAL RD	26 12203 CORRAL RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TAMPA, FL	27 TAMPA, FL
24 33626	29 33626
25 Country	30 Country

9. Name and Address of Current Registered Agent

**HILLMYER, BARRY R
2135 COTTAGE ST
FT MYERS FL 33901**

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 607.0507 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANLON, MICHAEL	
STREET ADDRESS	12803 CORRAL RD	
CITY-ST-ZIP	TAMPA FL 33628	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MONGOVERN, MICHAEL	
STREET ADDRESS	1277 HNATON AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, KEVIN	
STREET ADDRESS	7270 SWAN LAKE DR	
CITY-ST-ZIP	FT MYERS FL 33919	
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

11 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARLE BARANDOVICH	
13 STREET ADDRESS	12203 CORRAL RD	
14 CITY-ST-ZIP	TAMPA FL 33626	
21 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CHARLES WILLIAMS	
23 STREET ADDRESS	12203 GIB CHIRLEY CT	
24 CITY-ST-ZIP	MARJETTA, GA 30062	
31 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DICK ROBERTS	
33 STREET ADDRESS	1919 CORRAL RD SWIRE S	
34 CITY-ST-ZIP	FT. MYERS, FL 33901	
41 TITLE	OWNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JOHN HART	
43 STREET ADDRESS	181 GREENWIRE BREWER RD	
44 CITY-ST-ZIP	COXSACKE, NY 12051	
51 TITLE	OWNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	STEVE VELTE	
53 STREET ADDRESS	8105 15th DR.	
54 CITY-ST-ZIP	TAMPA, FL 33605	
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 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 recipient of 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 affidavit with an address.

SIGNATURE:

CR2E034 (9/96)