

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

**FILED**  
**Jun 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000089555 (3)**  
 1. Corporation Name  
**HMW GOLF, INC.**



Principal Place of Business <b>12603 CORRAL RD TAMPA FL 33626 US</b>	Mailing Address <b>12603 CORRAL RD TAMPA FL 33626 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>11/20/1995</b>	
4. FEI Number <b>59-3375077</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANLON, MICHAEL	
STREET ADDRESS	12603 CORRAL RD	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MONGOVERN, MICHAEL	
STREET ADDRESS	1277 HNATON AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARHONOVICH, MARC	
STREET ADDRESS	12603 CORRAL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	913 CHIPLEY CT	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, DICK	
STREET ADDRESS	1919 COURTNEY DR STE 5	
CITY-ST-ZIP	FT MYERS FL	
TITLE	O	<input checked="" type="checkbox"/> DELETE
NAME	HART, JOHN	
STREET ADDRESS	181 GREENMERE BREDER RD	
CITY-ST-ZIP	COXSACKE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSMARY HANLON	
1.3 STREET ADDRESS	12603 CORRAL RD	
1.4 CITY-ST-ZIP	TAMPA, FL 33626	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 \*\*\*100.00

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.

SIGNATURE: *Charles Williams*

3/15/98

CR2E034 (10/97)