

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089555 (3)

1. Corporation Name
HMW GOLF, INC.

Principal Place of Business

12603 CORRAL RD
TAMPA FL 33626
US

Mailing Address

12603 CORRAL RD
TAMPA FL 33626
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3375077	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	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, type the printed name of the person signing, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	SECRETARY
NAME	HANLON, MICHAEL	1.2 NAME	ROSEMARY HANLON
STREET ADDRESS	12603 CORRAL RD	1.3 STREET ADDRESS	12603 CORRAL RD
CITY-ST-ZIP	TAMPA FL 33626	1.4 CITY-ST-ZIP	TAMPA, FL 33626
TITLE	DV	2.1 TITLE	
NAME	MONGOVERN, MICHAEL	2.2 NAME	
STREET ADDRESS	1277 HNATON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	BARHONOVICH, MARC	3.2 NAME	
STREET ADDRESS	12603 CORRAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	WILLIAMS, CHARLES	4.2 NAME	
STREET ADDRESS	913 CHIPLEY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	ROBERTS, DICK	5.2 NAME	
STREET ADDRESS	1919 COURTNEY DR STE 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	O	6.1 TITLE	
NAME	HART, JOHN	6.2 NAME	
STREET ADDRESS	181 GREENMERE BREDER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COXSACK NY	6.4 CITY-ST-ZIP	

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)