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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092093 (0)

A.C.E. GOLF, INC.

Principal Place of Business

505 DELTONA BLVD STE 102 505 DELTONA BLVD STE 102 **DELTONA FL 32725-8069 DELTONA FL 32725** 3. Date Incorporated or Qualified 3a. Date of Last Report <u>12/01/1995</u> 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3353508 Not Applicable 21 Suite Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EZELL. KENNETH C 505 DELTONA BLVD STE 102 82 Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32725** 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typing or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THE NAME EZELL, KENNETH C 1.2 NAME 1304 ERROL PARKWAY 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition THILE n CLIFTON, LLOYD M NAME 2.2 NAME 535 MAC GREGOR ROAD 2.3 STREET ADDRESS STREET ADDRESS **DELAND FL** 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE DS CLIFTON, GEORGE M 3.2 NAME NAME 4185 STATE ROAD 11 3.3 STREET ADDRESS STREET ADDRESS **DELAND FL** CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

address.

DELETE

FILED Feb 04 1997 8:00am Secretary of State



14. I do hereby certify that the information supplied with this filling 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 407-860-1223

GEORGE M. CLIFTON,

SIGNATURE:

appears in Block 12 or Block 13 if change

CITY - \$1 - 20P

CITY-S1-7E

TITLE

NAME STREET ADDRESS

Change

Addition