

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

FILED

Apr 28 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000003290 (9)

1. Corporation Name  
LOVE IT GOLF COMPANY



|  |   |
|--|---|
| Principal Place of Business<br>1121 SHADY REST LANE<br>NAPLES FL 33940 | Mailing Address<br>1121 SHADY REST LANE<br>NAPLES FL 34103-3335 |
|--|---|

|   |                         |
|---|-------------------------|
| 3. Date Incorporated or Qualified<br>01/10/1996 | 3a. Date of Last Report |
|---|-------------------------|

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 2. Principal Place of Business<br>21 2940 S. HORSESHOE DR.<br>Suite, Apt. #, etc.<br>22 SUITE 800<br>City & State<br>23 NAPLES, FLORIDA<br>Zip<br>24 34104 Country<br>25 USA | 2a. Mailing Address<br>26 2940 S. HORSESHOE DR.<br>Suite, Apt. #, etc.<br>27 SUITE 800<br>City & State<br>28 NAPLES, FLORIDA<br>Zip<br>29 34104 Country<br>30 USA | 4. FEI Number<br>65-064 0090<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|---|---|---|

9. Name and Address of Current Registered Agent

HAINS, TIMOTHY G  
4501 NORTH MIAMI TRAIL, #300  
NAPLES FL 33940

10. Name and Address of New Registered Agent

|                                 |  |              |                   |                         |
|---------------------------------|--|--------------|-------------------|-------------------------|
| 81 Name<br>G. HELEN ATHAN, ESQ. | 82 Street Address (P.O. Box Number is Not Acceptable)<br>5551 RIDGEWOOD DRIVE, | 83 SUITE 501 | 84 City<br>NAPLES | 85 Zip Code<br>FL 34108 |
|---------------------------------|--|--------------|-------------------|-------------------------|

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 *G. Helen Athan* DATE 4-22-97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|--|---|--|
| TITLE<br>PRESIDENT / CHAIR / DIRECTOR <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>CHAIRMAN / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      | NAME<br>WILLIAM E. LOVETT                             | 1.2 NAME<br>WILLIAM E. LOVETT                              |
| STREET ADDRESS<br>1121 SHADY REST LN   | 1.3 STREET ADDRESS<br>1121 SHADY REST LN   | CITY-ST-ZIP<br>NAPLES, FLORIDA 34103                  | 1.4 CITY-ST-ZIP<br>NAPLES, FLORIDA 34103                   |
| TITLE<br>TREASURER / DIRECTOR <input checked="" type="checkbox"/> DELETE         | 2.1 TITLE<br>VICE-CHAIRMAN / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME<br>VICKI G. LOVETT                               | 2.2 NAME<br>MOHD SUHAIMI ABDULLAH                          |
| STREET ADDRESS<br>1121 SHADY REST LN   | 2.3 STREET ADDRESS<br>GRECIAN GRP LTD, BVI   | CITY-ST-ZIP<br>NAPLES, FLORIDA 34103                  | 2.4 CITY-ST-ZIP<br>1 SHANTON WAY, ROBINIA HOUSE, SINGAPORE |
| TITLE<br><input type="checkbox"/> DELETE   | 3.1 TITLE<br>PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     | NAME<br>JEFFREY A. MILLER                             | 3.2 NAME<br>JEFFREY A. MILLER                              |
| STREET ADDRESS   | 3.3 STREET ADDRESS<br>540 STARBOARD DR.  | CITY-ST-ZIP   | 3.4 CITY-ST-ZIP<br>NAPLES, FLORIDA 34103                   |
| TITLE<br><input type="checkbox"/> DELETE   | 4.1 TITLE<br>SR. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       | NAME<br>JIMMY C. STEWART                              | 4.2 NAME<br>JIMMY C. STEWART                               |
| STREET ADDRESS   | 4.3 STREET ADDRESS<br>3625 COTTAGE CLUB LN   | CITY-ST-ZIP   | 4.4 CITY-ST-ZIP<br>NAPLES, FLORIDA 34105                   |
| TITLE<br><input type="checkbox"/> DELETE   | 5.1 TITLE  | 5.2 NAME  | 5.3 STREET ADDRESS   |
| NAME   | 5.4 CITY-ST-ZIP  | 6.1 TITLE   | 6.2 NAME   |
| STREET ADDRESS   | 6.3 STREET ADDRESS   | 6.4 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 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 *Jimmy C. Stewart* DATE 4/22/97 941.403, 4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)