

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

FILED

Jan 30 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 # P96000003958 (1)

1. Corporation Name
ONE GOLF, INC.



Principal Place of Business
4180 W. 16TH AVE., #209
HIALEAH FL 33012

Mailing Address
4180 W. 16TH AVE., #209
HIALEAH FL 33012-5853

3. Date Incorporated or Qualified
01/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 34450 WHISPERING OAKS BLVD.

26 34450 WHISPERING OAKS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 RIDGE MANOR, FL

28 RIDGE MANOR, FL

Zip

Country

Zip

Country

24 33523

25 USA

29 33523

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLDEN, THOMAS
4180 W. 16TH AVE., #209
HIALEAH FL 33012

81 Name PHIL WON

82 Street Address (P.O. Box Number is Not Acceptable)

1240 S. VINELAND RD. L-6

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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

Phil Won

President

JAN 24 1997

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOLDEN, THOMAS
STREET ADDRESS 4180 W. 16TH AVE., #209
CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE PRESIDENT
1.2 NAME Phil Won
1.3 STREET ADDRESS 1240 S. VINELAND RD L-6
1.4 CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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:

Phil Won
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 24 1997

(352) 593-4233

Date

Daytime Phone #

0118819

CR2E034 (9/96)