

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 21 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT-CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000004073 (8)</b> 1. Corporation Name <b>GOLFSERV, INC.</b>			
Principal Place of Business <b>704 KENILWORTH CIRCLE, NO. 108 HEATHROW FL 32748</b>		Mailing Address <b>704 KENILWORTH CIRCLE, NO. 108 HEATHROW FL 32748</b>	
2. Principal Place of Business 21 <b>829 LAKEWORTH Circle</b> Suite, Apt. #, etc. 22 City & State 23 <b>Heathrow FLORIDA</b> Zip Country 24 <b>32746 USA</b>		2a. Mailing Address 26 <b>829 LAKEWORTH Circle</b> Suite, Apt. #, etc. 27 City & State 28 <b>Heathrow FLORIDA</b> Zip Country 29 <b>32746 USA</b>	
3. Date Incorporated or Qualified <b>01/11/1996</b>		3a. Date of Last Report	
4. FEI Number <b>650628859</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LEWIS, MICHAEL E 704 KENILWORTH CIRCLE, NO. 108 HEATHROW FL 32748</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>[Signature]</i> DATE <b>7/18/97</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>LEWIS, MICHAEL E</b> STREET ADDRESS <b>704 KENILWORTH CIRCLE, NO. 108</b> CITY-ST-ZIP <b>HEATHROW FL 32748</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>100002250821--1</b> 1.3 STREET ADDRESS <b>-07/29/97--01072--022</b> 1.4 CITY-ST-ZIP <b>***165.00 ***165.00</b>	
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.		SCC 7-21-97	
SIGNATURE: <i>[Signature]</i>		7/18/97	

CR2E034 (4/97)



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TO whom it may concern;

Please be advised the GolfServ, Inc. has had a name and address change within the past year. I have not received the requested annual report until just recently. I would sincerely appreciate it if you would accept my 165<sup>00</sup> payment as payment in full. Thank you.

Sincerely,  
Jack, President.