

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012982 (0)

1. Corporation Name
STRIKERS GOLF, INC.

Principal Place of Business 2710 LEWIS RD DOVER FL 33627	Mailing Address 2710 LEWIS RD DOVER FL 33587-6420
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2. Principal Place of Business 21 810 E BRANDON BLVD Suite, Apt. #, etc 22 City & State 23 BRANDON FL Zip 24 33510 Country		2a. Mailing Address 26 810 E. BRANDON BLVD. Suite, Apt. #, etc 27 City & State 28 BRANDON FL Zip 29 33510 Country		3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
		4. FEI Number 57-3360982		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent EADS, JEFFREY J 810 E. BRANDON BLVD. DOVER FL 33527 BRANDON, FL 33510		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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]* 4/30/97
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EADS, JEFFREY J	1.2 NAME	
STREET ADDRESS	2710 LEWIS RD	1.3 STREET ADDRESS	810 E. BRANDON BLVD.
CITY - ST - ZIP	DOVER FL 33527	1.4 CITY - ST - ZIP	BRANDON, FL 33510
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLOVE, WILLARD J	2.2 NAME	
STREET ADDRESS	9960 5TH ST N UNIT 5203	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33702	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, THOMAS E	3.2 NAME	
STREET ADDRESS	1104 SCOTT LOOP	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL 33569	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LAVIE EADS
STREET ADDRESS		4.3 STREET ADDRESS	810 E. BRANDON BLVD.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	BRANDON, FL 33510
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 or on an attachment with an address.

SIGNATURE: *[Signature]* 4/30/97 685-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)