2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P96000032309 1. Entity Name BIG APPLE GOLF USA, INC. Principal Place of Business Mailing Address 1025 SW MARTIN DOWNS BLVD 1025 SW MARTIN DOWNS BLVD SUITE 101 PALM CITY FL 34990 SUITE 101 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite. Apt. #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0666340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATO, HISATAKE Street Address (P.O. Box Number is Not Acceptable) 1025 ŚW MARTIN DOWNS BLVD STE. 101 PALM CITY FL 34990 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BBF ☐ Delete TITLE ☐ Change ☐ Addition U00000033586 02/05/04-80049-016 150.00 KATO, HISATAKE NAME STREET ADORESS 1025 SW MARTIN DOWNS BLVD STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP D TITLE Delete TITLE ☐ Change Addition NAME KATO, RYUJI NAME STREET ADDRESS 1025 S.W. MARTIN DOWNS BLVD. STREET ADDRESS CHY-ST-ZIP PALM CITY FL 34990 CETY- ST- ZIP BILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Rodibba [7] NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T(3).F Change Addition NAME NAME STREET ADDRESS 2239300A T33812 CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

**FILED** 

772-286-0365