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Mar 25 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 # P96000044898 (0)
1. Corporation Name
WOODHAVEN FAMILY GOLF CENTER, INC.



Principal Place of Business: 1201 WOODHAVEN DRIVE NORTH PORT FL 34287
Mailing Address: 1201 WOODHAVEN DRIVE NORTH PORT FL 34266-8824

3. Date Incorporated or Qualified: 05/16/1996
3a. Date of Last Report
4. FEI Number: 05-0637620
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
HAMILTON, CHARLES P
1201 WOODHAVEN DRIVE
NORTH PORT FL 34287

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Charles P. Hamilton* Sec. Agent DATE: 1/31/97

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D
1.2 NAME: HAMILTON, CHARLES P
1.3 STREET ADDRESS: 1201 WOODHAVEN DRIVE
1.4 CITY-ST-ZIP: NORTH PORT FL 34287
2.1 TITLE: D
2.2 NAME: HAMILTON, KRISTINE
2.3 STREET ADDRESS: 1201 WOODHAVEN DRIVE
2.4 CITY-ST-ZIP: NORTH PORT FL 34287

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(j), 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: *Kristine Hamilton* DATE: 1/31/97
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CR2E034 (9/96)