

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**  
09-13-1999 90006 047 \*\*\*558.75

DOCUMENT # **P96000078530**  
Corporation Name  
**DIFFERENT STROKES GOLF CENTERS, INC.**



Principal Place of Business Mailing Address  
**MAIN STREET REALTY** **%MAIN STREET REALTY**  
**111 W WASHINGTON ST** **111 W WASHINGTON ST**  
**LOUISVILLE KY 40276** **LOUISVILLE KY 40276**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
	26	09/20/1996	61-1310147	Not Applicable
Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 660 E JEFFERSON ST TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	D JONES, DAVID A 111 W WASHINGTON ST LOUISVILLE KY 40276 40202	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP	Louisville, Ky. 40202		
ET ADDRESS	D JONES, DANIEL 111 W WASHINGTON ST LOUISVILLE KY 40276 40202	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP	Louisville, Ky. 40202		
ET ADDRESS	D PAYNE, KENNETH L 111 W WASHINGTON ST LOUISVILLE KY 40276	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
ET ADDRESS	Secretary David F. Morgan 111 W. Washington St. Louisville, KY 40202	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
ST-ZIP		4.2 NAME	David F. Morgan		
		4.3 STREET ADDRESS	111 W. Washington St.		
		4.4 CITY-ST-ZIP	Louisville, Ky. 40202		
ET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
ET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

I 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.

GNATURE: David F. Morgan David F. Morgan 9/6/99 (502) 585-4633

CR2E034 (5/99)