

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000086737 1. Corporation Name <i>Hole in 1 Custom Golf, Inc</i>			
Principal Place of Business <i>12297 NW 1 St. Plantation FL 33325</i>		Mailing Address <i>12297 NW 1 St.</i>	
2. Principal Place of Business <i>Plantation</i>		2a. Mailing Address <i>12297 NW 1 St.</i>	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>Plantation FL</i>		City & State <i>Plantation FL</i>	
Zip <i>33325</i>		Zip <i>33325</i>	
Country <i>USA</i>		Country <i>USA</i>	
9. Name and Address of Current Registered Agent <i>AMERX LAWYER 343 ALMERIA AVE CORAL GABLES FL 33134</i>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP			
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP			
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP			
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			
14. 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.			

SIGNATURE: *[Signature]*

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CR2E034 (5/98)

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12297 NW 1 Street
Plantation, FL 33325

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Hole In 1 Custom Golf, Inc.

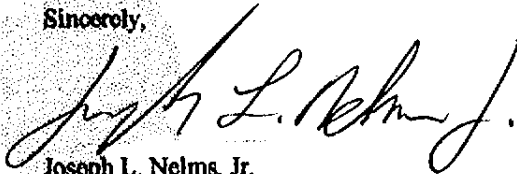
August 28, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Trevor:

I never received my 1998 Profit Corporation Annual Report Packet because I moved. Apparently, the Post Office never forwarded it to my new address. I was not aware that I had to fill out this form until my brother brought it to my attention. Per my conversation with you, I was informed that I would not have to pay the late filing fee this time, because of the mix up. Enclosed is a check for \$150.00 thank you for your assistance in this matter.

Sincerely,



Joseph L. Nelms, Jr.
President