

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001014 (4)

1. Corporation Name  
CUMBERLAND GOLF, INC.

Principal Place of Business  
14800 CUMBERLAND DRIVE  
DELRAY BEACH FL 33446

Mailing Address  
14800 CUMBERLAND DRIVE  
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0717820	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BATCHELDER, DRAKE M 110 SOUTHEAST 6TH ST. 28TH FL FORT LAUDERDALE FL 33301		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	Sheldon Silbert	1.2 NAME	
STREET ADDRESS	3760 N.W. 52nd St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	1.4 CITY-ST-ZIP	
TITLE	Vice-President	2.1 TITLE	
NAME	Joseph Schwartz	2.2 NAME	
STREET ADDRESS	1420 Lands End Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Manalapan, FL 33462	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	
NAME	Harry Hochman	3.2 NAME	
STREET ADDRESS	4110 N.W. 23rd Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33431	3.4 CITY-ST-ZIP	
TITLE	Treasurer	4.1 TITLE	
NAME	Sheldon Friedman	4.2 NAME	
STREET ADDRESS	22467 Arcadia Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 officer 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 in an attachment with an address.

SIGNATURE:

*Sheldon Friedman* **SHELDON FRIEDMAN** 2-6-98 561499 2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone # 2250120

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