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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038272 (5)

VISIBLE GOLF, USA., INC.

FILED Feb 25 1998 8:00am Secretary of State



Principal Plac						
Principal Place of Business		Mailing Address				
C/O 70 BONEFISH AVENUE C/O 70 BONE KEY LARGO FL 33097 KEY LARGO F			JE .			
HET DATOU	i E William	ALL DANGO IL SOM		DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified		
				04/29/1997		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	/ A	oplied For
Suite, Apt. #, etc.		26		65-075087		ot Applicable
	#, O(C.	Suite. Apt. #, etc.		5. Certificate of Status Desired	1 1 7 .	Additional equired
City & Stat	Α	City & State		C Floation Compaign Figureing		- <u></u>
23	V	28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has pa		
24	25	29	30	Personal Property Tax due June		₫ No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
RO	SENFELD, ALEXANDER M		81 Name			
	260 N.E. 19TH AVE., #202		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)	
NO	PRTH MIAMI BEACH FL 33162			,	-	
			83			
			84 City	·	85 Zip	Code
					FL S	
11. Pursuant	to the provisions of Sections 607 056 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida, Such change was a	es, the above-named or uthorized by the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	ourpose of changing i	ts registered registered
agent. La	m familiar with, and accept the oblig	rations of, Section 607 0505, Flo	rida Statutes.	nations board of directors. Thereby accept	st the appointment ac	Togiciolog
SIGNATURE						
	Signature, bypodick printed name of requireding		Registered Agent signature re		DATE	OC IN 10
12.	OFFICERS AN	ND DIRECTORS	13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
12. TITLE	OFFICERS AN		13. 1.1 TITLE			
12. TITLE	OFFICERS AN PD HARMER, WAYNE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD HARMER, WAYNE 70 BONEFISH AVENUE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTOR	
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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: Wayne the

WATNE

HARMER 19/2/98

19/2/98 (305)451-0034