


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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
		<b>DOCUMENT #</b> P97000083862 1. Corporation Name <b>TEE OFF GOLF, INC.</b>

FILED  
99 JUN 18 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4780 CORONADO CIR.</b> <b>CRESTVIEW, FL 32539</b>	Mailing Address <b>THE MADISON BLD.</b> <b>1020 S. FERDON BLVD</b> <b>CRESTVIEW, FL 32536</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>Sept. 26 1997</b>	4. FEI Number <b>59-3496086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WELTON &amp; WILLIAMSON, P.A.</b> <b>THE MADISON BLD.</b> <b>1020 S. FERDON BLVD.</b> <b>CRESTVIEW, FL 32536</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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]* as Pres. of Welton & Williamson DATE **5-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>Director/President</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Director/Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STUART STETSON</b>		1.2 NAME <b>Timothy Richey</b>	
STREET ADDRESS <b>4565 SCARLET DR</b>		1.3 STREET ADDRESS <b>4780 CORONADO CIR.</b>	
CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>		1.4 CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>	
TITLE <b>Director/Secretary</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Director/Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Rebecca Richey</b>		2.2 NAME <b>Rebecca Richey</b>	
STREET ADDRESS <b>4780 CORONADO CIR.</b>		2.3 STREET ADDRESS <b>4780 CORONADO CIR.</b>	
CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>		2.4 CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>	
TITLE <b>Corp. Counsel</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Corp. Counsel</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARK WELTON, Esq.</b>		3.2 NAME <b>MARK WELTON, Esq.</b>	
STREET ADDRESS <b>1020 S. FERDON BLVD.</b>		3.3 STREET ADDRESS <b>1020 S. FERDON BLVD.</b>	
CITY-ST-ZIP <b>CRESTVIEW, FL 32536</b>		3.4 CITY-ST-ZIP <b>CRESTVIEW, FL 32536</b>	
TITLE <b>600002915156--4</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>600002915156--4</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-06/25/99--01006--008</b>		4.2 NAME <b>-06/25/99--01006--008</b>	
STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>		4.3 STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>	
CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>		4.4 CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>	
TITLE <b>*****\$1.25 *****\$1.25</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>*****\$1.25 *****\$1.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>*****\$1.25 *****\$1.25</b>		5.2 NAME <b>*****\$1.25 *****\$1.25</b>	
STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>		5.3 STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>	
CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>		5.4 CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>	
TITLE <b>*****\$1.25 *****\$1.25</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>*****\$1.25 *****\$1.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>*****\$1.25 *****\$1.25</b>		6.2 NAME <b>*****\$1.25 *****\$1.25</b>	
STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>		6.3 STREET ADDRESS <b>*****\$1.25 *****\$1.25</b>	
CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>		6.4 CITY-ST-ZIP <b>*****\$1.25 *****\$1.25</b>	

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-99

Date

Daytime Phone #

CR2E034 (11/98)