

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

FILED
Aug 19 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 # P97000103907			
1. Corporation Name PRESCRIPTION GOLF INC			
Principal Place of Business 14848 Old Hy 41 #3 NAPLES FL. 34110		Mailing Address 9200 BONITA BEACH RD #204 BONITA SPRINGS FL 34135	
2. Principal Place of Business 21 9200 B.B. RD 22 UNIT 3 NAPLES 23 BONITA SPRS FL 24 34110 25 USA		2a. Mailing Address 26 9200 B.B. RD 27 Suite, Apt. #, etc. 28 BONITA SPRS FL 29 34135 30 USA	
3. Date Incorporated or Qualified DEC 10 1997		4. FEI Number 59-3481951	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Name and Address of Current Registered Agent JOHN D. SPEAR 9200 BONITA BEACH RD #204 BONITA SPRS FL 34135		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <input type="checkbox"/> DELETE NAME Vernal R. Durand STREET ADDRESS 14848 Old Hy 41 #3 CITY - ST - ZIP Naples, FL 34110		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE Vice President <input type="checkbox"/> DELETE NAME Vernal R. Durand STREET ADDRESS 14848 Old Hy 41 #3 CITY - ST - ZIP Naples, FL 34110		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE Secretary <input type="checkbox"/> DELETE NAME Vernal R. Durand STREET ADDRESS 14848 Old Hy 41 #3 CITY - ST - ZIP Naples, FL 34110		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE Treasurer <input type="checkbox"/> DELETE NAME Vernal R. Durand STREET ADDRESS 14848 Old Hy 41 #3 CITY - ST - ZIP Naples, FL 34110		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE Director <input type="checkbox"/> DELETE NAME Vernal R. Durand STREET ADDRESS 14848 Old Hy 41 #3 CITY - ST - ZIP Naples, FL 34110		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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 (changed) or on an attachment with an address.			
SIGNATURE: VERNAL R. DURAND 4/30/98 94-594-6965 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)

(2)

April 30 '98

Please accept this hand-written
report. I did NOT receive
the pre-printed form.

Thank You.

Vernal R. Durand
Prescription Get Me.