

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

FILED  
Jun 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000105676 (5) N/C 6/5/98**  
1. Corporation Name  
**DIVOT GOLF [REDACTED] SUBSIDIARY Corporation**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**201 N FRANKLIN STREET  
SUITE 2550  
TAMPA FL 33602**

Mailing Address  
**201 N FRANKLIN STREET  
SUITE 2550  
TAMPA FL 33602**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/10/1997</b>	
21. <b>201 N. Franklin Street</b>	26. <b>201 N. Franklin Street</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. <b>Suite 200</b>	27. <b>Suite 200</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. 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	
23. <b>Tampa, Florida 33602</b>	28. <b>Tampa, Florida 33602</b>	9. Name and Address of Current Registered Agent <b>RUGG, JOSEPH W.N. 201 N FRANKLIN STREET SUITE 2100 TAMPA FL 33602</b>		10. Name and Address of New Registered Agent	
24. <b>33602</b>	25. <b>U.S.A</b>	29. <b>33602</b>		30. <b>U.S.A</b>	

81. Name <b>RUGG, JOSEPH W.N.</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>201 N. Franklin Street</b>	
83. <b>Suite 2100</b>	
84. City <b>Tampa</b>	85. Zip Code <b>FL 33602</b>

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	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>C &amp; D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CELLURA, JOSEPH R</b>		1.2 NAME <b>CELLURA, JOSEPH R</b>	
STREET ADDRESS <b>201 N FRANKLIN ST, STE 2550</b>		1.3 STREET ADDRESS <b>201 N. Franklin Street, STE 200</b>	
CITY-ST-ZIP <b>TAMPA FL 33602</b>		1.4 CITY-ST-ZIP <b>Tampa, FL 33602</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P &amp; D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b>DALY, JERRY</b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b>201 N. Franklin Street, STE 200</b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b>Tampa, FL 33602</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D &amp; T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b>RAGNALL, CLIFFORD</b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b>201 N. Franklin Street, STE 200</b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b>Tampa, FL 33602</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b>KNIGHT, ELLEE</b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b>201 N. Franklin Street, STE 200</b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b>Tampa, FL 33602</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></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.

CR2E034 (10/97)