

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90153 017 ***150.00

DOCUMENT # P98000045537

1. Corporation Name
POWER SHIFT GOLF, INC.



Principal Place of Business
8602 THIMBLEBERRY LANE
TAMPA FL

Mailing Address
8602 THIMBLEBERRY LANE
TAMPA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

2. Principal Place of Business

21 13127 Royal George Ave

2a. Mailing Address

26 13127 Royal George Ave

4. FEI Number

59-3537326

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 ODESSA, FLORIDA

28 ODESSA, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33556

25 USA

29 33556

30 USA

8. This corporation owes the current year Inangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SPRAGUE, PATRICK P
1904 E. BUSCH BLVD.
TAMPA FL

10. Name and Address of New Registered Agent

81 Name JAMES M. TORBA
82 Street Address (P.O. Box Number is Not Acceptable)
13127 ROYAL GEORGE AVE.
83
84 City ODESSA FL 85 Zip Code 33556

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 James M. Torba President

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-22-99

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME TORBA, JAMES M
STREET ADDRESS 8602 THIMBLEBERRY LANE
CITY-ST-ZIP TAMPA FL 33635

DELETE

TITLE VSD
NAME TORBA, KATRINA
STREET ADDRESS 8602 THIMBLEBERRY LANE
CITY-ST-ZIP TAMPA FL 33635

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

SIGN
HERE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 13127 Royal George Ave
1.4 CITY-ST-ZIP ODESSA, FL. 33556

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 13127 Royal George Ave
2.4 CITY-ST-ZIP ODESSA, FL. 33556

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 indicate I 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 registered or inactive 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: James M. Torba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-22-99

DAYTIME PHONE # 83-632-6893 x17

CR2E034 (11/98)