


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

04-29-1999 90030 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000068890</b>					
1. Corporation Name <b>GOLF ZONE, INC.</b>					
Principal Place of Business <b>10727 S.W. 104TH STREET</b> <b>MIAMI FL 33176</b>			Mailing Address <b>10727 S.W. 104TH STREET</b> <b>MIAMI FL 33176</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>6522 KENDALE LAKES DR</b> Suite, Apt. #, etc. 22 <b>UNIT 1102</b> City & State 23 <b>MIAMI FLA</b> Zip Country 24 <b>33183</b> 25 <b>USA</b>			2a. Mailing Address 26 <b>6522 KENDALE LAKES DR</b> Suite, Apt. #, etc. 27 <b>UNIT 1102</b> City & State 28 <b>MIAMI FLA</b> Zip Country 29 <b>33183</b> 30 <b>USA</b>		
3. Date Incorporated or Qualified <b>08/07/1998</b>			4. FEI Number <b>65-0858184</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>GOLSTON, STEVEN</b> <b>10727 S.W. 104TH STREET</b> <b>MIAMI FL 33176</b>			10. Name and Address of New Registered Agent 81 Name <b>Michael D. Meyers</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>6522 KENDALE LAKES DR #U1102</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33183</b>		
11. Pursuant to the provisions of Sections 607.0501 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 <i>Michael D. Meyers</i> DATE <b>5/8/99</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Michael D. Meyers</b> 1.3 STREET ADDRESS <b>6522 KENDALE LAKES DR #U1102</b> 1.4 CITY-ST-ZIP <b>MIAMI FLA 33183</b>					
2.1 TITLE <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>SHARON D. Meyers</b> 2.3 STREET ADDRESS <b>6522 KENDALE LAKES DR. #U1102</b> 2.4 CITY-ST-ZIP <b>MIAMI FLA 33183</b>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 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 119.01(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: *Michael D. Meyers* **Michael Meyers** 4/24/99 305-387-1907  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)