


FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90067 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000104183					
1. Corporation Name DIRECT GOLF, INC.					
Principal Place of Business 677 JAMESTOWN LANE NAPLES FL 34108			Mailing Address 677 JAMESTOWN LANE NAPLES FL 34108		
2. Principal Place of Business 21 6240 Arc Way Suite, Apt. #, etc. 22					
2a. Mailing Address 26 6240 Arc Way Suite, Apt. #, etc. 27					
City & State 23 Ft. Myers, FL Zip Country 24 33912 25			City & State 28 Ft. Myers, FL Zip Country 29 33912 30		
9. Name and Address of Current Registered Agent HOLTZ, ALBERT M 677 JAMESTOWN LANE NAPLES FL 34108			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE VICE-PRESIDENT NAME JEREMY M. SOLOFF STREET ADDRESS 1896 Timarron Way CITY-STATE-ZIP Naples, FL 34109					
TITLE <input type="checkbox"/> DELETE PRESIDENT NAME ALBERT M. HOLTZ STREET ADDRESS 677 Jamestown Lane CITY-STATE-ZIP Naples, FL 34108					
TITLE <input type="checkbox"/> DELETE SECRETARY/TREASURER NAME JEREMY M. SOLOFF STREET ADDRESS 1896 Timarron Way CITY-STATE-ZIP Naples, FL 34109					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert M. Holtz REAL ID: Albert M. Holtz

4/8/99 941-278-0331

CR2034 (4/1/98)