


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

04-13-1999 90067 009 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000104187</b> 1. Corporation Name <b>ADVANCED GOLF DESIGN, INC.</b>			
Principal Place of Business <b>677 JAMESTOWN LANE</b> <b>NAPLES FL 34108</b>		Mailing Address <b>677 JAMESTOWN LANE</b> <b>NAPLES FL 34108</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <b>21 6240 Arc Way</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 6240 Arc Way</b> Suite, Apt. #, etc.	
22 City & State <b>23 Ft. Myers, FL</b> Zip Country		27 City & State <b>28 Ft. Myers, FL</b> Zip Country	
<b>24 33912</b> <b>25</b>		<b>29 33912</b> <b>30</b>	
9. Name and Address of Current Registered Agent <b>HOLTZ, ALBERT M</b> <b>677 JAMESTOWN LANE</b> <b>NAPLES FL 34108</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</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			
TITLE	PRESIDENT <input type="checkbox"/> DELETE		
NAME	ALBERT M. HOLTZ		
STREET ADDRESS	677 Jamestown Lane		
CITY-ST-ZIP	Naples, FL 34108		
TITLE	V.P., Secretary, & Treasurer <input type="checkbox"/> DELETE		
NAME	MEGHAN H. SOLOFF		
STREET ADDRESS	1896 Timarron Way		
CITY-ST-ZIP	Naples, FL 34109		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-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-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 119.07(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 **ALBERT M. HOLTZ**

**4/7/99** **941-278-0331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)