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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47492 (1)

1. Corporation Name
U.S. GOLF (FSD), INC.

Principal Place of Business	Mailing Address
1114 BROOKLINE CT WINTER SPRINGS FL 32708	P.O. BOX 196129 WINTER SPRINGS FL 32719 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1991	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3062185	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 255 S. Orange Ave.	26 255 S. Orange Ave.
Suite, Apt. #, etc. 22 Suite 1515	Suite, Apt. #, etc. 27 Suite 1515
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32801 Country 25 USA	Zip 29 32801 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANCHINA, MARY LYNN 1114 BROOKLINE CT WINTER SPRINGS FL 32708	81 Name: WARREN J. STANCHINA 82 Street Address (P.O. Box Number is Not Acceptable): 255 S. orange Ave. 83 Suite 1515 84 City: Orlando FL 85 Zip Code: 32801

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: WJS WARREN J. STANCHINA DATE
Signature of new registered agent and the date of appointment. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	STANCHINA, WARREN	1.2 NAME	
STREET ADDRESS	1114 BROOKLINE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	STANCHINA, MARY LYNN	2.2 NAME	
STREET ADDRESS	1114 BROOKLINE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

407-245-7537

SIGNATURE: WJS WARREN J. STANCHINA Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Daytime Phone #

0414001 FP