

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1992.**  
**AMOUNT DUE ON BE REPORT: \$4,000: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 95 JUL 11 AM 9:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # V02155 (2)**

1. Corporation Name  
**EXECUTIVE WOMEN'S GOLF LEAGUE, INC.**

Principal Place of Business      Mailing Address  
**ONE MARLWOOD LANE      ONE MARLWOOD LANE**  
**PALM BEACH GARDENS FL 33418      PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/20/1991		05/01/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0317569		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		8. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				b. This corporation has liability for intangible tax under s. 195.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OLIVER, NANCY G.</b> <b>ONE MARLWOOD LANE</b> <b>PALM BEACH GARDENS FL 33418</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, NANCY G.	1.2 NAME	
STREET ADDRESS	ONE MARLWOOD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS. FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, ANTHONY E. III	2.2 NAME	
STREET ADDRESS	ONE MARLWOOD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS. FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	D/ASSISTANT SEC./TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	International Management Group
STREET ADDRESS		3.3 STREET ADDRESS	Peter Kuhn
CITY - ST - ZIP		3.4 CITY - ST - ZIP	One Ericview Plaza, #1300 Cleveland, Ohio 44114
TITLE		4.1 TITLE	D/ASSISTANT Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	International Management Group
STREET ADDRESS		4.3 STREET ADDRESS	Barbara Baroka
CITY - ST - ZIP		4.4 CITY - ST - ZIP	One Ericview Plaza, #1300 Cleveland, Ohio 44114
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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.

SIGNATURE: *x Nancy Oliver*      Date: *7-5-95*      Daytona Florida #: *407-471-1477*

CR2E034 (3/85)