

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V02155 (2)**

1. Corporation Name

EXECUTIVE WOMEN'S GOLF LEAGUE, INC.



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

3. Date Incorporated or Qualified: **12/20/1991**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **65-0317569**
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: 21 Suite, Apt. #: etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #: etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**OLIVER, NANCY G.
ONE MARLWOOD LANE
PALM BEACH GARDENS FL 33418**

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's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, NANCY G.	12 NAME	
STREET ADDRESS	ONE MARLWOOD LANE	13 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS. FL	14 CITY - ST - ZIP	
TITLE	DVPS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, ANTHONY E. III	22 NAME	
STREET ADDRESS	ONE MARLWOOD LANE	23 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS. FL	24 CITY - ST - ZIP	
TITLE	DAST	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, PETER	32 NAME	
STREET ADDRESS	ONE ERICVIEW PLAZA, #1300	33 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	34 CITY - ST - ZIP	
TITLE	DAT	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BARBARA	42 NAME	
STREET ADDRESS	ONE ERICVIEW PLAZA, #1300	43 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

CR2E034 (3/96)