FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V1339

(7)

HOLMES GOLF, INC.

	HOLIVIE	S GOLF	, IINC	<i>,</i>													
Principal Place of Business Mailing Address												1					
3936 S. SEMORAN BLVD. SUITE 244 ORLANDO FL 32822						3936 S. SEMORAN BLVD. SUITE 244 ORLANDO FL 32822				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1992							
2.	Principal Pl	ace of Busi	noss			2a. Mailing Address				4.	. FEI Number		I	App	lied For		
21						26							59-3104168			+ ''	Applicable
22	Suite, Apt.	pt. #, e tc.				Suite, Apt #, etc.				5.	. Certificate of Status Desired			5 Ac	iditional uired		
23	City & State)	T /		-	City & State			Country				Election Campaign Financing Trust Fund Contribution	Added to Fees			Fees
$\overline{}$	Zip	Country							Country			8. This corporation owes or has paid the current year Intangible					
24	25					29 30							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
_	9. Name and Address of Current Registered Agent										lame	10.	, Maille allu Auuless Ul New h	egistereu A	yent		
HOLMES, SIMON A.									81								
3480 EXETER COURT									82	: S	treet Addre	ress (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32812								83									
								L									
										C	ity			FL	85	Zip Ci	ode
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														registered egistered			
SI	SIGNATURE Signature typed or printed name of registered agent and title if approachic. (NOTE Registered									ent si	onalure require	ed wher	n reinstating)	DATE			
12									13.				ADDITIONS/CHANGES TO OFF		DIREC	TORS	IN 12
TITI		P DELETE 1.1							TITLE					Char	ige	Addition	
NAF	ME	HOLMES, SIMON A 12															
STA	REET ADDRESS	ALAA EVETED AALME							1.3 STREET ADDRESS								
CIT	Y-ST-ZIP	ZIP ORLANDO FL 14								1.4 CITY - ST - ZIP							
TIT		VPST				7	DELETE	2.1	TITLE						Chan	ige .	Addition
NAF	ME {	HOLME	ES, E	Lizabeth a		•		2.2	NAME				<i>1</i> %				
STA	reet address	T ADDRESS 3480 EXETER COURT							2.3 STREET ADDRESS								
CIT	Y-ST-ZIP									2. 4 CITY - S1 - ZIP							
TIT	LE						DELETE	31	TITLE						Chan	ige	Addition
NAJ	ME							3.2	NAME								
STF	REET ADDRESS							3.3	STREET	T ADO	RESS						
CiT	Y-ST-ZIP							3.4.	CITY	\$1-Z	IP						
Titl	LE						DELETE	4.1	FITLE						☐ Char	ige	Addition
NA	ME							4. 2	NAME								
STF	REET ADDRESS							4.3	STREET	T ADO	PRESS						

City-St-ZIP

14. Thereby 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 of trustate 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 enabling of the corporation of the corporation

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

IONATURE XXIII

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

0 21 00

FILED

Apr 03 1998 8:00am

Secretary of State

Addition

Addition

Change

Change