4-23-97 B- 5293 -C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

4-16-97. (941) 378-9290-

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26851

(8)

QUALITY GOLF, INC.

Principal Place of Business Mailing Address 5461 FRUITVILLE ROAD 174 INLETS BLVD. SARASOTA FL 34232 NOKOMIS FL 34275-4116 US			19	1			
00					3. Date Incorporated or Qualifit 04/07/1992	3a. Date of Last Report 04/22/1996	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	W	26			65-0319769	Not Applicable	
		Suite, Apt. #, etc.	npt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City & State			6. Election Campaign Financin	····	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Country	′		for jutangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	Yes No	
CAL	 Name and Address of Cui LEJA, DIANE L. 	reni Hegisterea Agent	81	Name	10. Name and Address of Nev	r Registered Agent	
	INLETS BLVO.			1			
NOKOMIS FL 34275-4997			62	Street Add	ddress (P.Ö. Box Number is Not Acceptable)		
1101	TOINIO I E GIELO TOUT		83				
			84	<u></u>		85 Zip Code	
			64	City		FL 85 Zip Code	
office or agent. I: SIGNATURE	registered agent, or both, in the Si am familiar with, and accept the of Signature typed or proted name of registeric	ate of Florida. Such change volligations of, Section 607,050	was authorized by 5, Florida Statutes	y the corpora s.	ition's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered	
12.		AND DIRECTORS	13.			FFICERS AND DIRECTORS IN 12	
THE	P	DELETE	1.1 TITLE			Change Addition	
NAME	CALLEJA, RONALD A		1.2 NAME				
STREET ADDRESS			1.3 STAEET	ADDRESS		İ	
CHY-ST-ZIP	NOKOMIS FL 34275 VST	DELETE	1.4 CITY-5	ST-ZIP	·	Change Addition	
TIPLE	VST [_] DELETE CALLEJA, DIAN L		2.1 TITLE 2.2 NAME			Change C Addition	
NAME STREET ADDRESS	174 INLETS BLVD.		2.3 STREET	ADDRESS			
COTY - ST - ZIP	NOKOMIS FL 34275		2 4 CITY-	ì			
TILE	DELETE			****		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS		İ	
CHY-ST-7P			3 4. CiTY-	ST-ZIP			
TITLE		☐ DELETE		ŀ		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ì		I	
CHY-ST-ZIF TITLE		DELETE	4.4 CITY - S 5.1 TITLE	ST - ZIP		Change Addition	
NAME		Decert	5.2 NAME			Carlotte Carlotte	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City-S	ŀ		'	
TITLE		☐ DELETE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
NAME			6.2 NAME	ļ			
CTREET ANDRESS			63 \$10161	ADDRESS		/ \	

14. If do 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