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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 28 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V35641 (2)

1. Corporation Name
DOMINO GOLF, INC.

Principal Place of Business	Mailing Address
3656 STARBURST CT. MULBERRY FL 33860 US	PO BOX 7220 LAKELAND FL 33807-7220 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 65-3134100 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FEAR, CHRISTOPHER M.
202 E. WALNUT STREET
LAKELAND FL 33801

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	MIRCHANDANI, JETHU	1 2 NAME	
STREET ADDRESS	ROSBACHER STRASSE 2	1 3 STREET ADDRESS	
CITY ST ZIP	61231 BAD NAUHEIM GE	1 4 CITY ST ZIP	
TITLE	VP	2 1 TITLE	☐ Change ☐ Addition
NAME	NEUCHTER, HELMUT	2 2 NAME	
STREET ADDRESS	LUDWIGSTRASSE 32	2 3 STREET ADDRESS	
CITY ST ZIP	61169 FRIEDBERG GE	2 4 CITY ST ZIP	
TITLE	ST	3 1 TITLE	☐ Change ☐ Addition
NAME	KIND, OLGA	3 2 NAME	
STREET ADDRESS	AM BAHNDAMM 5	3 3 STREET ADDRESS	
CITY ST ZIP	61231 BAD NAUHEIM GE	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 if changed, or on an attachment with an address.

SIGNATURE: X _____ X 01/23/95, 813-425-2552
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

044782T FP