

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V73496 (4)

1. Corporation Name
A.T.B. GOLF, INC.



Principal Place of Business Mailing Address
ATB GOLF INC **1966 US 1 S**
UNIT 202 **UNIT 202**
ST AUGUSTINE FL 32086 **ST AUGUSTINE FL 32086**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1992		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3147930		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'NELL, MICHAEL C 10 ALCIRA CT ST. AUGUSTINE FL 32086				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 5336 SHORE DR			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 type for printed name of registered agent and the corporation (if not a registered agent signature required when non-filing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NELL, MICHAEL C.			12 NAME	ONELL, MICHAEL		
STREET ADDRESS	10 ALCIRA CT			13 STREET ADDRESS	5336 SHORE DR		
CITY-ST-ZIP	ST. AUGUSTINE FL			14 CITY-ST-ZIP	ST AUGUSTINE FL 32086		
TITLE	VP	<input type="checkbox"/> DELETE		21 TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NELL, THOMAS C.			22 NAME	ONELL, THOMAS C.		
STREET ADDRESS	106 JOLLY ROGER COVE			23 STREET ADDRESS	5336 SHORE DR		
CITY-ST-ZIP	STAFFORD VA			24 CITY-ST-ZIP	ST AUGUSTINE FL 32086		
TITLE	SEC/TREAS	<input type="checkbox"/> DELETE		31 TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ONELL, RUTH J			32 NAME	ONELL, RUTH J		
STREET ADDRESS				33 STREET ADDRESS	5336 SHORE DR		
CITY-ST-ZIP				34 CITY-ST-ZIP	ST AUGUSTINE FL 32086		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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:

Thomas C. O'Neill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

825-6743

CR2E034 (3/96)