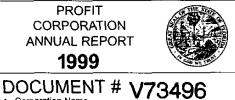
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90046 022 ***150.00

Principal Place of Business Mailing Address						(III BAII BABIA I	18841 WINIT NINE	#
ATB GOLF INC 1966 US-1 SOUTH ST AUGUSTINE FL 32086		ATB GOLF INC 1966 US-1 SOUTH ST AUGUSTINE FL 32086 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						10/22/1992			
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4, FEI Number			Applied For
21	26					59-3147930			Not Applicable
22 27		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	<u> </u>	Country			8. This corporation owes the curre	ent year Ini		
24	25 g. Name and Address of Current	29 30	30			Personal Property Tax.		Yes	□No
	81	Name		 Name and Address of New R 	egistered	Agent			
O'NELL, THOMAS C			"	Name					
41 CORDOVA ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)					1
ST. AUGUSTINE FL 32086			83						
}			-	A14				05 76	Code
)			84	City			FL	85 Zip	Code
11. Pursuant to office or reagent. I ar	ne abov rized by Statutes	e-named the corpo	corporat oration's	ion submits this statement for the board of directors. I hereby accept	purpose of t the appoi	changing i	ts registered registered		
SIGNATURE					ч/:	30 /7	9		
3.3	Signature, typed or printed name of registered agent			nt signature r	required whe		DATE		
12.	OFFICERS ANI		13. 1.1 TITLE			ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECT	
TITLE	ONELL MICHAEL		1.1 IRLE					Zeonango	,
NAME STREET ADDRESS	ONELL, MICHAEL 5336-SHORE-DR			TADDRESS	72	I VAILL POINT	₽ <i>∧</i> ₩	,	
j l	ST. AUGUSTINE FL 32086		1.4 CITY-S		57	NAILL POINT AUGUSTINE FO	. 37	05'6	
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE	1-21		1 30000	ي عدد ح	Change	e Addition
NAME	O'NELL. THOMAS C		2.2 NAME						1
STREET ADDRESS	5336 SHORE DR	1	2.3 STREE	T ADDRESS	70	2 CASCO WAY			-
CITY-ST-ZIP	ST AUGUSTINE FL 32086		2. 4 CITY-5	ST-ZIP	57	2 CASCO WAY AUGUSTINE FL	320	2 වර	
TITLE	ST	☐ DELETE	3.1 TITLE		7			Change Change	e
NAME	ONELL, RUTH J		3.2 NAME						l
STREET ADDRESS	5 336 SHORE DR		3.3 STREE	T ADDRESS		2 CASCO WAY	_		\
CITY-ST-ZIP	ST AUGUSTINE FL 32086		3.4. CITY-5	ST-ZIP	57	AUGUSTINE FL	32	086	
TITLE		☐ DELETE	4.1 TITLE		S			Change	e 🔀 Addition
NAME			4. 2 NAME		ONE	LL, BEVERLY	_		
STREET ADDRESS			4.3 STREE	TADDRESS		1 VAILL POINT		410	1
CITY-ST-ZIP			4.4 CITY- S	T-ZIP	57 1	9UGUSTINE FL	32	086	- O Addision
TITLE			5.1 TITLE					Change	e 🗌 Addition
NAME			5.2 NAME	r ADDDECC	. [
STREET ADDRESS				TADDRESS	1				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-212				Change	e Addition
TITLE		-	6.2 NAME						
NAME		I I		r anneces					
STREET ADDRESS				TADDRESS	1				}
CITY-ST-ZIP			6.4 CITY-S	1-417	1				

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

797-6307