


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

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052881 (7)
 1. Corporation Name
GOLF CARS OF FLORIDA, INC.



Principal Place of Business 3572 SE DIXIE HIGHWAY STUART FL 34997 US	Mailing Address 3572 SE DIXIE HIGHWAY STUART FL 34997-5245 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report 03/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2128253	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANTON, EDWIN F ESQ. 825 THOMASVILLE ROAD TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P. O. Box Number is Not Acceptable)
				83	
				84	City
				85	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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUGH, JOHN	1.2 NAME	
STREET ADDRESS	3572 SE DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES	2.2 NAME	
STREET ADDRESS	3572 SE DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, GRAYSON G	3.2 NAME	
STREET ADDRESS	RT. 29, BOX 158	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOAP, MARIE	4.2 NAME	
STREET ADDRESS	RT. 29, BOX 158	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOSEPH A. SR.	5.2 NAME	
STREET ADDRESS	RT 29, BOX 158	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

JOSEPH A. KELLY JR.
 RECEIVED BY CHAIRMAN
 6/19/97 11:00-11:00

CR2E034 (9/96)