


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

**FILED**

**Jun 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000039051 (4)**  
 1. Corporation Name  
**BRASSIE GOLF MANAGEMENT SERVICES, INC.**



Principal Place of Business <b>5806 A BRECKENRIDGE PKWY TAMPA FL 33610 US</b>	Mailing Address <b>5806 A BRECKENRIDGE PKWY TAMPA FL 33610-4234 US</b>
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3. Date Incorporated or Qualified <b>05/17/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>58-2180666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**SOBERING, GARY & WHITE, P.A.  
 201 S. ORANGE AVENUE  
 SUITE 760  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name <b>David C. Crowell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5806-A Breckenridge Pkwy</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33610</b>

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 *David C. Crowell* *David C. Crowell* **6/5/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>PD HORNE, BILL</b>	<b>5806 A BRECKENRIDGE PKWY</b>	<b>TAMPA FL</b>	
	<b>S KRAUMANIS, SVEN</b>	<b>5806 A BRECKENRIDGE PKWY</b>	<b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE
	<b>VD RICHARDSON, TOM</b>	<b>5806 A BRECKENRIDGE PKWY</b>	<b>TAMPA FL</b>	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S David C. Crowell.</b>
2.3 STREET ADDRESS	<b>5806 A Breckenridge Pkwy.</b>
2.4 CITY - ST - ZIP	<b>Tampa, FL 33610</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *David C. Crowell* *David C. Crowell* *H22/97*

CFR2034 (9/96)