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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90034 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S78489**

1. Corporation Name
M.A. GOLF, INC.

Principal Place of Business
**4231 WALNUT BEND DR
 #2A
 JACKSONVILLE FL 32257
 US**

Mailing Address
**P.O. DRAWER 23518
 JACKSONVILLE FL 32241
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **11363 San Jose Blvd.**

26 **P.O. Box 23518**

22 **Blgd 100**

27 Suite, Apt. #, etc.

23 **Jacksonville, FL**

28 **Jacksonville, FL**

24 **32257**

25

29 **32241-3518**

30

3. Date Incorporated or Qualified

09/09/1991

4. FEI Number

59-3109532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**KENT, FRED H
 KENT, RIDGE & CRAWFORD
 225 WATER ST., SUITE 900
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **ST CURLEY, R K**
 STREET ADDRESS **2803 VILLAGE GROVE DR., NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE
 NAME **P CURLEY, R K**
 STREET ADDRESS **2803 VILLAGE GROVE DR NO**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-99 904 260 5080

CR2E034 (1/98)