


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714409					
1. Corporation Name DADE AMATEUR GOLF ASSOCIATION, INC.					
Principal Place of Business 1802 NORTHWEST 37TH AVENUE MAIMI FL 33125-1052			Mailing Address 1802 NORTHWEST 37TH AVENUE MAIMI FL 33125-1052		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7069300	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DELUCCA, CHARLES, JR. 6840 LOCH NESS DR. MIAMI LAKES FL 33014				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	Change Addition	
NAME	DELUCCA, CHAS. JR.		1.2 NAME		
STREET ADDRESS	6840 LOC NESS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	Change Addition	
NAME	SCHWARTZ, ALLAN		2.2 NAME		
STREET ADDRESS	4545 S.W. 94TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE	Change Addition	
NAME	PIFER, CHARLES A		3.2 NAME		
STREET ADDRESS	324 MENDOZA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE	Change Addition	
NAME	BURSTEIN, OSCAR		4.2 NAME		
STREET ADDRESS	1401 S.W. 85TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD	DELETE	5.1 TITLE	Change Addition	
NAME	MILLER, JAY J		5.2 NAME		
STREET ADDRESS	7620 N.E. 7TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: *ALLAN SCHWARTZ* 3-28-99 (305) 633-4583
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #