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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J34070 1. Corporation Name

JIM FAZIO GOLF DESIGN, INC.

Principal Place	e of Business	Mailing	Address			-	. I SBATHA AIRB SILL BIBIT ARITE INAIL ARTE AIRLE A	1811 BIBIT BIBI	1 814)1 41011 1001
140 INTRACOASTAL POINTE DR			140 INTRACOASTAL POINTE DR						
SUITE 110 Jupiter Fl 33477		Suite 110 Jupiter Fl 33477				DO NOT WRITE IN THIS SPACE			
US	411	US	(12 0047)				3. Date Incorporated or Qualifed		
00		• • •					09/19/1986		
2. Principal Pl	lace of Business	2a. Mai	ling Address				4. FEI Number	1 /	pplied For
21		26					59-2732493		tot Applicable
Suite, Apt.	#, etc		te, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					5; Certificate of Status Desired	Fee F	Required
City & State	e	City	& State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Countr	у		8. This corporation owes the current year into		_
24	25	29	3	o <u></u>			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registere	d Agent				10. Name and Address of New Registered	Agent	
				81	1 Na	me			
	IO, VINCENT M			82	2 St	eet Addre	ss (P.O. Box Number is Not Acceptable)		
140 INTRACOASTAL POINTE DR									
	TE 110			83	3				ļ
JUPI	ITER FL 33477			84	4 Ci	3/		85 Zip	Code
					L	•	FL	.	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1	508, Florida Statutes	, the abov	ve-na	ned corpo	ration submits this statement for the purpose of	changing i	ts registered
office or r	registered agent, or both, in the State of the fight in familiar with, and accept the obligations.	of Florida. S tions of, Sec	tion change was auti tion 607.0505. Florid	nonzed by ia Statute	y the	corporation	's board of directors. I hereby accept the appoi	ijulietik as	egisteres
	in landing with a second						·		J
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if appli	cable. (NOTE: R	egistered Age	ent sign	ture required	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD		☐ DELETE	1.1 TITLE				Change	e ☐ Addition 1
NAME	FAZIO, VINCENT M.			1.2 NAME	•				Į.
STREET ADDRESS	140 INTRACOASTAL POINTE D	R., #110		1.3 STREE	CT 100	RESS			
CITY-ST-ZIP	JUPITER FL			1.3 3 INC	ELADO	I			
TITLE	ST			1.4 CITY-					
NAME	1 01		☐ DELETE		ST-ZIP			☐ Chang	e Addition
	FAZIO, AMY S.		☐ DELETE	1.4 CITY	ST-ZIP			☐ Chang	e 🗂 Addition
STREET ADDRESS	FAZIO, AMY S.)R., #110	☐ DELETE	1.4 CITY- 2.1 ΠΤLE	ST-ZIP	,		☐ Chang	e 🗂 Addition
STREET ADDRESS		OR., #110		1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP	RESS			
l	FAZIO, AMY S. 140 INTRACOASTAL POINTE D	DR., #110	☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP ET ADO	RESS		☐ Chang	
CITY-ST-ZIP	FAZIO, AMY S. 140 INTRACOASTAL POINTE D	OR., #110		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ST-ZIP ET ADD	RESS			
CITY-ST-ZIP	FAZIO, AMY S. 140 INTRACOASTAL POINTE D	DR., #110		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE	ST-ZIP	RESS			
CITY-ST-ZIP TITLE NAME	FAZIO, AMY S. 140 INTRACOASTAL POINTE D)R., #110		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP	RESS		Chang	Addition
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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:

CITY-ST-ZIP

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90128 035 ***150.00