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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003337

1. Corporation Name

JIM FAZIO INTERNATIONAL GOLF DESIGN, INC.

Principal Place of Business Mailing Address							# 50 ### 80		100 filli 1001 100)
		140 INTRACOASTAL POINTE I	140 INTRACOASTAL POINTE DRIVE						
STE 110	STE 110	7 7			00 1107 110775 11		20405		
JUPITER FL 33477 JUPITER FL 33477						DO NOT WRITE II	1 IHIS :	SPACE	
US US						3. Date Incorporated or Qualifed			j
	<u> </u>					11/04/1992 4. FEI Number	-		Applied For
Principal Place of Business 2a. Malling Address								 _	Not Applicable
25 26						65-0371030			5 Additional
The state of the s					- 35 -	5Certificate of Status Desired		+	Required
22 27 City & State City & State						6. Election Campaign Financing	•	\$5.0	0 May Be
23 28						Trust Fund Contribution		•	d to Fees
				Country 8. This corporation owes the current year Intangible					
24	25	29	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered A	gent	
		<u> </u>	81	N	lame				
FAZIO, VINCENT M				S	treet Addres	ss (P.O. Box Number is Not Acceptable)			
140 INTRACOASTAL POINTE DRIVE STE 110 JUPITER FL 33477			82						
			83						1
			84	-	City			85 Z	ip Code
			1	-	-		<u>FL</u>		
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								registered .	
12. OFFICERS AND DIRECTORS 13						ADDITIONS/CHANGES TO OFFICE	RS AN	D DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE					Chang	
NAME				1.2 NAME					1
STREET ADDRESS	A 10 INTRA COLOTAL BOILTE BOILT OFF 440			1.3 STREET ADDRESS					
CITY-ST-ZIP	HIDDED CI			1.4 CITY-ST-ZIP					
TITLE	v ·	☐ DELETE	2.1 TITLE					☐ Chan	ge 🗌 Addition
NAME	FAZIO, JAMES M.		2.2 NAME		-		•		
STREET ADDRESS	140 INTRACOASTAL POINTE DI	R. STE 110	2.3 STREE	TADO	DRESS				
CITY-ST-ZIP	JUPITER FL		2.4 CITY-S	ST-ZII	P	المرابع والمستوع الما			·
TITLE	٧	☐ DELETE	3.1 TITLE		{			☐ Chang	ge 🗌 Addition
NAME.	FAZIO, THOMAS J.		3.2 NAME		ĺ				
STREET ADDRESS 140 INTRACOASTAL POINTE DRIVE STE 110 3.33			3.3 STREE	TADO	DRESS				
CITY-ST-ZIP	JUPITER FL		3.4. CITY-5	ST-Zli	P				
TITLE .		☐ DELETÉ	4.1 TITLE		,			Chang	ge 🗌 Addition
NAME			4.2 NAME		1				Ţ
STREET ADDRESS			4.3 STREE	T ADI	DRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIF	Р	<u> </u>			
TITLE .		☐ DELETE	5.1 TITLE					Chan	ge
NAME		•	5.2 NAME			•			,
STREET ADDRESS			5.3 STREE		ĭ				ļ
CITY-ST-ZIP			5.4 CITY-S	ST-ZIF	P •				
TITLE		☐ DELETE	6.1 TITLE					☐ Chan	ge
NAME .			6.2 NAME			**			

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 additional with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS