FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **260723** **(2)**

1. Corporation Name

CLOVERLEAF MINIATURE GOLF INC

Principal Place of Business

150 N W 167TH ST
NORTH MIAMI BEACH FL 33169

Mailing Address

150 N W 167TH ST
NORTH MIAMI BEACH FL 33169

3. Date Incorporated or Qualified: **07/10/1962**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-0974637** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 | 22 Street Address, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Street Address, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

9. Name and Address of Current Registered Agent

ROSE, SONDRA
5310 N. 35TH STREET
HOLLYWOOD FL 33021

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
Name	ROSE, SONDRA		1.2 NAME	
Street Address	5310 NORTH 35TH STREET		1.3 STREET ADDRESS	
City St Zip	HOLLYWOOD FL		1.4 City St Zip	
2 Title	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
Name	ROSE, KAREN		2.2 NAME	
Street Address	8391 BEVERLY BLVD, #105		2.3 STREET ADDRESS	
City St Zip	LOS ANGELES CA		2.4 City St Zip	
3 Title	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
Name	MYERS, DEBBY		3.2 NAME	
Street Address	9605 N.W. 9TH COURT		3.3 STREET ADDRESS	
City St Zip	PLANTATION FL		3.4 City St Zip	
4 Title		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
Name			4.2 NAME	
Street Address			4.3 STREET ADDRESS	
City St Zip			4.4 City St Zip	
5 Title		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
Name			5.2 NAME	
Street Address			5.3 STREET ADDRESS	
City St Zip			5.4 City St Zip	
6 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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached amendment, with an address.

SIGNATURE: Sondra Rose Pres SONDRA Rose 2/6/96 305-947-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #