

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 # 264374 (0)

1. Corporation Name

IRV SCHLOSS GOLF ENTERPRISES, INC.



Principal Place of Business

2053 HARVARD AVE.
DUNEDIN FL 34698

Mailing Address

2053 HARVARD AVE.
DUNEDIN FL 34698

2. Principal Place of Business

21 29712 US #19 North

2a. Mailing Address

26 2295 BEN HOGAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 402

27

23 Clearwater, FL

28 DUNEDIN, FL

24 34621 25 PINELLAS

29 34698

30 PINELLAS

9. Name and Address of Current Registered Agent

BOWERS, JACQUELINE L.
2295 BEN HOGAN DR.
DUNEDIN FL 34698

3. Date Incorporated or Qualified

11/07/1962

3a. Date of Last Report

03/03/1995

4. FET Number

59-1022028

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

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

JACQUELINE L. BOWERS

Jacqueline L. Bowers

3-21-96

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

(Print or Printers Agent Signature, required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THELMA E. SCHLOSS
STREET ADDRESS 2053 HARVARD AVE.
CITY- ST- ZIP DUNEDIN FL
TITLE SD
NAME BOWERS, JACQUELINE L.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME

TITLE VD
NAME BOWERS, MICHAEL L.
STREET ADDRESS 2295 BEN HOGAN DR.
CITY- ST- ZIP DUNEDIN FL

2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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)(k), 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.

SIGNATURE:

Jacqueline L. Bowers

JACQUELINE L. BOWERS

3-21-96

733-9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)