

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90222 038 ***150.00

DOCUMENT # 321821

1. Corporation Name
FLORIDA GOLF CORP.

Principal Place of Business
3801 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308
US

Mailing Address
3801 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1967

4. FEI Number
59-1205168

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of ~~New~~ Registered Agent

(New)
ADDRESS

9. Name and Address of Current Registered Agent

DEREUIL, LOUIS J
C/O ISLEY & DEREUIL, P.A.
1040 BAYVIEW DRIVE SUITE 424
FORT LAUDERDALE FL 33304

81 Name
DeReuil, Louis J.

82 Street Address (P.O. Box Number is Not Acceptable)

2600 N.E. 14th Street Causeway

83 City, State, and Zip Code

84 City
Pompano Beach, FL

85 Zip Code
33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JONES, ROBERT TRENT
STREET ADDRESS 3801 BAYVIEW DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE S ☐ DELETE

NAME DARWELL, MARJORIE
STREET ADDRESS 3801 BAYVIEW DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE DARWELL

4-17-99

954-561-1860

Date

Daytime Phone #

CR2E034 (11/98)