

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 391961

(0)

1. Corporation Name

AQUA GOLF MOBILE HOMES, INC.

Principal Place of Business

1918 HARRISON ST STE 114 HOLLYWOOD, FL  
BOX 248  
HALLANDALE FL 33008

Mailing Address

1918 HARRISON ST STE 114 HOLLYWOOD, FL  
BOX 248  
HALLANDALE FL 33008-0248

2. Principal Place of Business

21 1918 Harrison Street

Suite, Apt. #, etc.

22 Suite # 114

City & State

23 Hollywood, Fla.

Zip

24 33020

Country

25 Broward

2a. Mailing Address

26 P. O. Box 248

Suite, Apt. #, etc.

27

City & State

28 Hallandale, Fla.

Zip

29 33008-0248

Country

30 Broward

9. Name and Address of Current Registered Agent

SCHWIND, GEORGE  
500 AUSTRALIAN AVENUE S.  
SUITE #600  
W. PALM BEACH FL 33401

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

Sign your typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CURCIE, NADINE  
STREET ADDRESS 1918 HARRISON ST., SUITE #114  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE VPD  
NAME CURCIE, JOSEPH E  
STREET ADDRESS 878 PALM COURT  
CITY-ST-ZIP GOODLAND FL

☐ DELETE

TITLE TD  
NAME CURCIE, ROSE M  
STREET ADDRESS 1970 SOUTH PARK ROAD  
CITY-ST-ZIP PEMBROKE PARK FL

☐ DELETE

TITLE S  
NAME MASHAMESH, PATSEY  
STREET ADDRESS 1918 HARRISON ST., #114  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Date

954-923-6484

Daytime Phone #

FILED  
Apr 02 1997 8:00am  
Secretary of State



CR2E034 (9/96)