

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 652632

(1)

1. Corporation Name

PIERMAN GOLF COMPANY



Principal Place of Business

Mailing Address

1201 US HWY ONE SUITE 425  
STE 410  
NORTH PALM BEACH FL 33408  
US

1201 US HWY ONE SUITE 425  
STE 410  
NORTH PALM BEACH FL 33408  
US

2. Principal Place of Business

21 1201 U.S. Highway One

Suite, Apt. #, etc.

22 Suite 410

City & State

23 North Palm Beach, FL

Zip

24 33408

Country

25 U.S.A.

2a. Mailing Address

26 1201 U.S. Highway One

Suite, Apt. #, etc.

27 Suite 410

City & State

28 North Palm Beach, FL

Zip

29 33408

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/09/1980

3a. Date of Last Report

07/11/1995

4. FEI Number

59-1972230

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERMAN, JERRY L.  
1201 U.S. HIGHWAY ONE  
SUITE 425  
NORTH PALM BEACH FL 33408

81 Name

JERRY L. PIERMAN

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

1201 U.S. Highway One

83

Suite 410

84 City

North Palm Beach

FL

85 Zip Code

33408

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 ☐ DELETE

P  
NAME  
PIERMAN, JERRY L.  
STREET ADDRESS  
560 GREENWAY DRIVE  
CITY-ST-ZIP  
NORTH PALM BCH FL

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

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

33408

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996

Date

407-694-6943

Daytime Phone #

CR2E034 (12/95)