

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000000962 (1)

1. Corporation Name
AMERICAN GOLF INVESTMENTS, INC.

Principal Place of Business
1633-26TH STREET, 2ND FLOOR
SANTA MONICA FL 90404

Mailing Address
1633-26TH STREET, 2ND FLOOR
SANTA MONICA FL 90404-4096



3. Date Incorporated or Qualified 03/11/1993
3a. Date of Last Report 05/10/1996

2. Principal Place of Business
21 2951 28th Street

2a. Mailing Address
26 2951 28th Street

4. FEI Number 95-4392410
Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Santa Monica, CA

28 Santa Monica, CA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 90405 25 USA

29 90405 30 USA

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

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PRICE, DAVID G | |
| STREET ADDRESS | 1633-26TH STREET, 2ND FLOOR | |
| CITY-ST-ZIP | SANTA MONICA CA 90404 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | TANAKA, DONNA | |
| STREET ADDRESS | 1633-26TH STREET | |
| CITY-ST-ZIP | SANTA MONICA CA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROBERTS, KEVIN | |
| STREET ADDRESS | 1633-26TH STREET, 2ND FLOOR | |
| CITY-ST-ZIP | SANTA MONICA CA 90404 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BARENDSE, MICHAEL L. | |
| STREET ADDRESS | 1633-26TH STREET, 2ND FLOOR | |
| CITY-ST-ZIP | SANTA MONICA CA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | STANICH, JAMES M | |
| STREET ADDRESS | 1633-26TH STREET, 2ND FLOOR | |
| CITY-ST-ZIP | SANTA MONICA CA 90404 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2951 28th Street |
| 1.4 CITY-ST-ZIP | Santa Monica, CA 90405 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2951 28th Street |
| 2.4 CITY-ST-ZIP | Santa Monica, CA 90405 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 2951 28th Street |
| 3.4 CITY-ST-ZIP | Santa Monica, CA 90405 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 2951 28th Street |
| 4.4 CITY-ST-ZIP | Santa Monica, CA 90405 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 2951 28th Street |
| 5.4 CITY-ST-ZIP | Santa Monica, CA 90405 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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

January 10, 1997, (310) 664-4400
James M. Stanich, Secretary

Date

Daytime Phone #

CR2E034 (9/96)