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

PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name



DOCUMENT # F9400000086

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90077 002 ***150.00

J.M. GOLF PROMOTIONS, INC.					. (2015) 110 1511 8151 8511 8511 6511 6511 65	ili Bakis Balik Adidi	(000 410 100
Principal Place	e of Business	Mailing Address			I (ERI(ER III) Grait Gatti Matti agiti agiti	#	19119 9111 1991
4720 NW 102ND AVENUE #204 4720 NW 102ND AVENUE #204 MIAMI FL 33178 MIAMI FL 33178							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 01/06/1994		ľ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			01-0386974	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	, 5.6.	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e		··. =		6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added	- 1
Zip	Country	Zip	Country	·	a. This corporation owes the current year	Intangible	
24	25 29 30		10		Personal Property Tax.	Ŭ Yes	□No
24	9. Name and Address of Currer				10. Name and Address of New Registere	d Agent	
			81	Name			
MILL	S, JOHN E			<u></u>			
4720 NW 102 AVE #204				Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAM! FL 33178							
			83	Ί			
			84	City	F	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent or both, in the State m familial with and accept the obligations.	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above thorized by da Statute:	/e-named o / the corpor s.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its pointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and use if applicable. (NOTE: F	Registered Age	ent signature re	quired when reinstating) DATE	<i>rf [[</i>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MILLS, JOHN E JR		1.2 NAME				
STREET ADDRESS	4720 NW 102 AVENUE #204		13 STREE	T ADDRESS			
	MIAMI FL 33178		1.4 CITY-				
CITY-ST-ZIP TITLE	ST ST	☐ DELETE	2.1 TITLE			Change	Addition
	l	<u> </u>	2.2 NAME	1.	Mills John E SR.		
NAME	MILLS, JOHN E SR			T ADDRESS	221 DaheliNA PAIN IN		
STREET ADDRESS	35115 MCCULLOUGH'S LEAP		1	:I AUDKESS K	Mills, John E SR. 136 Robelina Palm LN NAPLES, F.J. 34114		
CITY-ST-ZIP	ZEPHYRHILLS FL 33514	□ DELETE	2. 4 CITY-	ST-ZIP	WAPIES, IT OIT	Change	Addition
TITLE		. □ DELETE	3.1,TITLE				
NAME		- -	3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			□ A → H = - □
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	· .		5.2 NAME				
STREET ADDRESS			5.3 STREI	ET AODRESS			

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 an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition