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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

F96000002836 (2)

WEST PALM BEACH FAMILY GOLF CENTERS, INC.

Principal Place of Business

Mailing Address

AND BROAD HOLLOW BOAD 44000

OUR DOORD HOLLOW DOAD #1000

FILED Jul 16 1998 8:00am Secretary of State



MELVILLE NY 11747	MELVILLE N	Y 11747	IUOE				
					DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualified		
2. Principal Place of Business	2a, Mailing A	Ndroce			06/06/1996 4. FEI Number		pplied For
3 NEWEN	EREX 26	201039			65-0667240	-	lot Applicable
Suite, Apt. #, etc.	Suite, Apt	#, etc.					Additional
22 /	27				5. Certificate of Status Desired		Required
23 (1) FAILA REAC	H FL 28 City & Sta	te			Election Campaign Financing Trust Fund Contribution		May Be
	ountry Zip	TC	ountry		8. This corporation owes or has paid the cur		
	JJA 29	30			Personal Property Tax due June 30.	Yes	□ No
	ddress of Current Registered Age	nt	-		10. Name and Address of New Registered	Agent	
	RATE RESEARCH, LTD., INC.		81	Name			
1408 HAYS ST. #2			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
tall a hassee fl	32301		83				
			63				ļ
			84	City	FL	65 Zip	Code
office or regi ste red agent, or	Sections 607.0502 and 607.1508, FI both, in the State of Florida. Such of accept the obligations of, Section 6	ange was authori;	zed by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing pintment a	its registered s registered
SIGNATURE Standard bried or public	d name of registered agent and tire if applicable	/NOTE: Registe	ered Ane	nt signature re	oquired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	11			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE PD		DELETE 1.1	TITLE			☐ Change	☐ Addition
NAME CHANG, DON		1.2	NAME				
	HOLLOW ROAD, SUITE 106E	1.3	STREET	ADDRESS			
CITY-ST-ZIP MELVILLE NY			CITY-ST	- ZIP			
TITLE VDS		DELETE 2.5	TITLE			Change	Addition
NAME KRAUSE, RO		22	NAME	-			
	ATER ROAD, SUITE 106E	2.3	STREET	ADDRESS			1
CITY-ST-ZIP MELVILLE NY			4 CITY - S	T-ZIP			
TITLE SDV			TITLE			Change	Addition
NAME THAMPI, KRIS			NAME				ļ
Barriania e And	ATER ROAD, SUITE 106E			ADDRESS			1
TITLE VID			CITY-S	1-ZIP		Change	Addition
NAME KELLEHER, G		1	2 NAME			Onlinge	L Radiilon
	ATER ROAD, SUITE 106E			ADDRESS			
CITY-ST-ZIP MELVILLE NY		3	CITY-SI				
TITLE			TITLE	-211		Change	Addition
NAME			NAME				/
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-ST				
TITLE			TITLE			☐ Change	☐ Addition
NAME		6.2	NAME			_	
STREET ADDRESS		6.3	STREET	ADDRESS			1
CITY-ST-ZIP			CITY-ST	.7IP			1

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.