

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90012 046 ***550.00

0115377

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002836

1. Corporation Name

WEST PALM BEACH FAMILY GOLF CENTERS, INC.

Principal Place of Business
**5850 BELVEDERE RD
WEST PALM BEACH FL 33413
US**

Mailing Address
**225 BROAD HOLLOW ROAD, #106E
MELVILLE NY 11747**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0667240

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **538 Broadhollow Rd**

Suite, Apt. #, etc.

22 **410E**

City & State

23 **Melville NY**

Zip

24 **11747**

Country

25 **USA**

2a. Mailing Address

26 **538 Broadhollow Rd**

Suite, Apt. #, etc.

27 **410E, Ste**

City & State

28 **Melville NY**

Zip

29 **11747**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST. #2
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☒ DELETE

NAME **CHANG, DOMINIC**
STREET ADDRESS **225 BROAD HOLLOW ROAD, SUITE 106E**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **VDS** ☒ DELETE

NAME **KRAUSE, ROBERT J**
STREET ADDRESS **225 BROADWATER ROAD, SUITE 106E**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **SDV** ☐ DELETE

NAME **THAMPI, KRISHNAN P**
STREET ADDRESS **225 BROADWATER ROAD, SUITE 106E**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **VTO** ☒ DELETE

NAME **KELLEHER, GARRETT J**
STREET ADDRESS **225 BROADWATER ROAD, SUITE 106E**
CITY-ST-ZIP **MELVILLE NY 11747**

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 **VP/S** ☐ Change ☒ Addition

1.2 NAME **PAMELA S. Charles**
1.3 STREET ADDRESS **538 Broadhollow Rd, Suite 410E**
1.4 CITY-ST-ZIP **Melville NY 11747**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **MARGARET M SANTORINO**
2.3 STREET ADDRESS **538 Broadhollow Rd, Suite 410E**
2.4 CITY-ST-ZIP **Melville NY 11747**

3.1 TITLE **PAS** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **538 Broadhollow Rd, Suite 410E**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 or changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/7/99

516 694 1666

CR2E034 (5/99)