

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

09-24-1999 90012 041 \*\*\*550.00

0115375

DOCUMENT # **F97000002196**

1. Corporation Name

**BROWARD FAMILY GOLF CENTERS, INC.**

Principal Place of Business

225 BROADHOLLOW ROAD  
STE 106E  
MELVILLE NY 11747

Mailing Address

225 BROADHOLLOW ROAD  
STE 106E  
MELVILLE NY 11747



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/25/1997**

4. FEI Number

**NOT APPLICABLE**

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 **Suite 410E**

City & State

23 **Melville NY**

Zip

24 **11747**

Country

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

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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	PCD	<input checked="" type="checkbox"/> DELETE
NAME	DOMINIC, CHENG	
STREET ADDRESS	225 BROADHOLLOW ROAD STE 106 E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THAMPI, KRISHNAN P	
STREET ADDRESS	225 BROADHOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSE, ROBERT J	
STREET ADDRESS	225 BROADHOLLOW ROAD STE 106 E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KELLEHER, GARRETT J	
STREET ADDRESS	225 BROADHOLLOW ROAD STE 106 E	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	538 Broadhollow Rd, Suite 410E	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Margaret M Santorico	
3.3 STREET ADDRESS	538 Broadhollow Rd, Suite 410E	
3.4 CITY-ST-ZIP	Melville NY 11747	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, changed, or on an attachment with an address.

SIGNATURE:

**Krishna P. Shetty**  
**Krishna P. Shetty**

**9/7/99** **516 694 1666**

CR2E034 (5/99)