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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004607

Corporation Name

PHIL RITSON'S 19TH HOLE INC.

FILED Jun 08, 1999 8:00 am **Secretary of State**

06-08-1999 90012 010 ***558.75



Mailing Address Principal Place of Business PO BOX 690577 ONE PHIL RITSON WAY ORLANDO FL 32869 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/02/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business PHIL RIFSON WAY 26 16301 PHIL RITSON WUY 16 301 59-3452343 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be WINTER Garde Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible 34787 Personal Property Tax. USA 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Junes SADRIANNA, JAMES V Street Address (P.O. Box Number is Not Acceptable) ONE PHIL RITSON WAY 16301. WINTER GARDEN FL 34787 83 84 WINTER 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 youn, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** ame of registered agent and title if app ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Addition DEPTE 11 TITLE TITLE P R112 PUTTICH Kevis 1.2 NAME I CHUSE MUNITARTAN Plus A - STA Flow HARWELL, CHARLES NAME PO BOX 690577 (N/A) 1.3 STREET ADDRESS STREET ADDRESS NEW YORK, N. Y. 10005 ORLANDO FL 32869 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE DST TITLE Bruce Gerlander 16301 PHIL RIPSON WAY 22 NAME SADRIANNA, JAMES V NAME PO BOX 690577 (N/A) 2.3 STREET ADDRESS STREET ADDRESS 34787 WINTER GORDN ORLANDO FL 32869 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE 3.1 TITLE TITLE perer SeeleY 3.2 NAME NAME ICHUSE MANHUTTAN PluZA 3.3 STREET ADDRESS STREET ADDRESS 10005 New York 34. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE 4.1 TITLE TITLE GURY KleINMA.) 4. 2 NAME NAME I cHUSE MANITAN Plaza 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE Eliza BeTH TUCH 5.2 NAME I CHUSE MON HATTAN Plato NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITI F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 on an attachanged with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

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