

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 043 \*\*\*550.00

**DOCUMENT # F98000003149**

1. Corporation Name

**STUART FAMILY GOLF CENTERS INC.**



Principal Place of Business

225 BROADHOLLOW ROAD  
SUITE 105E  
MELVILLE NY 11747

Mailing Address

225 BROADHOLLOW ROAD  
SUITE 105E  
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/04/1998**

4. FEI Number

**65-0813237**

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

Zip

Country

24

2a. Mailing Address

26 **538 Broadhollow Rd**

Suite, Apt. #, etc.

27 **Suite 410E**

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET, SUITE #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 **CEO** ☒ DELETE  
NAME **KRAUSE, ROBERT J**  
STREET ADDRESS **225 BROADHOLLOW ROAD**  
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **DVAs** ☒ DELETE  
NAME **KELLEHER, GARRETT J**  
STREET ADDRESS **225 BROADHOLLOW ROAD**  
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PRESIDENT (P), AS** ☐ Change ☒ Addition  
1.2 NAME **Thampi, Krishnan**  
1.3 STREET ADDRESS **538 Broadhollow Rd, 410E**  
1.4 CITY-ST-ZIP **Melville NY 11747**

2.1 TITLE **S, V** ☐ Change ☒ Addition  
2.2 NAME **Pamela S. Charles**  
2.3 STREET ADDRESS **538 Broadhollow Rd, 410E**  
2.4 CITY-ST-ZIP **Melville NY 11747**

3.1 TITLE **Margaret M. Santorupo** ☐ Change ☒ Addition  
3.2 NAME **538 Broadhollow Rd, 410E**  
3.3 STREET ADDRESS **Melville NY 11747**  
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 if changed, or on an attachment with an address.

SIGNATURE:

**Krishnan P. Thampi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CR2E034 (5/99)

0115367