FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

H15528

 Corporation 	MENT # H1552 P OF THE WORLD, GOLF	ν-,					
Principal Place	of Business	Mailing Address		·			
5758 54TH AVENUE NORTH ST. PETERSBURG FL 33709		5758 54TH AVENUE NORTH ST. PETERSBURG FL 33709					
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1984 03/29/1995		
Principal Place of Business 28		2a. Mailing Address			4. FEI Number Applied For		
21		26			59-2447159 Not Applicate		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
City & State	······································	City & State		·	6. Election Campaign Financing \$5.00 May Re		
23		28			6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζiρ	Country	Zip	Coun	try	8. This corporation has liability for intangible tax under si 199.032,		
24	25	29	30		Florida Statutes Yes No		
	g. Name and Address of Currer	it Registered Agent		B1 Name	10. Name and Address of New Registered Agent		
COLEN.	GERALD						
	NTRAL AVENUE		{	Street Add	dress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33707			Ī	33			
				34 City	Jan 1 7: 0		
				1 '	FL 85 Zip Code oration submits this statement for the purpose of changing its registered off and of directors. Thereby accept the appointment as registered agent. Lam		
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AN		NOTE: Registered A	gerf signature regime	and which residency ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TOLE	D	☐ DELETE	1, 1 TiTI	F	Change Addition		
NAME	COLEN, SIDNEY		1.2 NAN	IE			
STREET ADDRESS	5758 54TH AVENUE NORTH		1.3 \$TR	ELI ADORESS			
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE		- ST - ZIP			
TRILE NAME	COLEN, KENNETH	☐ DELETE	2 1 1111		Change Addition		
STREET ADDRESS	5758 54TH AVE.		2.2 NAM 2.3 STB	ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33709			-ST-ZIP			
TITLE		☐ DELETE	3 1 7171	+	☐ Change ☐ Addition		
NAME			3.2 NAM	E			
STREET ADDRESS			33 STR	EET ADDRESS			
CITY - ST - ZIP		· 		- ST - ZIP			
TITLE		☐ DELEJE	4. 1 TiTL		Change Addition		
NAME CIRCEI ADDDECC			4.2 NAM				
STREET ADDRESS CITY-ST-ZIP				EL ADDRESS			
IIILE		DELETE	5. 1 TITL	- \$1 - ZiF F	☐ Change ☐ Addition		
NAME		Marrier .	5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CHTY-ST-ZIP			5.4 CHTY	- \$1 - 215			
TITLE		☐ DELETE	6 1 THTL	E	Change Addition		
KAME			6.2 NAM	•			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP 14. I do hereby	certify that the information supplied w	vith this filing is volued axily for	640/TY uished and do		for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further		
certify that oath; that t	the information indicated on this annual am an officer or director of the corol Block 12 or Block 13 if changed, or	al eport or supplemental and ation the elever or truste an all sument with an add	nual report is t ée empowered	true and accura to execute this	alte and that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that my name		

D NAME OF SIGNING OFFICER OR DIRECTOR

2/5/16 Car

813 544 2562 Daylon Proper