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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H52742

(4)

FILED
May 16 1997 8:00am
Secretary of State



Principal Place	MENT # H52742 UR FAMILY GOLF CENTERS e of Business BEACH FL 32082		L 32082-50	M 6	3. Date Incorporated or Qualified		ate of Cast R	
					04/17/1985	1 '	16/1996	Сроп
_ '	lace of Business	2a. Mailing Address	:		4. FEI Number		Ap	plied For
Suite Ant	# ofc	Suite, Apt. #, etc.	i		59-2551335		\$8.75	t Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	X	Fee Re		
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23	_	28		<u> </u>	Trust Fund Contribution		Added	
Zip	Country	Zip	<u>├</u> ──┐ `	untry	This corporation has liability for Florida Statutes		tax under s ∃No	. 199.032,
24	25 25 Name and Address of Current	29 t Registered Agent	30	1	10. Name and Address of New F	. = =		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607, 1508. Florida Stat	utoo the	84 City	and the statement for the	FL	.	Code
011000110	registered agent, or both, in the State	of Florida, Such change was	utes, the a s authorize Florido Sic	anove-named corpora od by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	cept the app	pointment as	registered
agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation of the state of the obligation of th	ations of, Section 607.0505, I	-iorioa șia	atutes. ad Agent signature requ		DATE		
agent. I a	im familiar with, and accept the obligation of t	ations of, Section 607.0505, I	OTE Regis or	atutes. ad Agent signature requ	ired when reinstating)	DATE	D DIRECTOR	3S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AND PD MOORHOUSE, EDWARD L. 8009 WHISPER LAKE LANE	or, and title if applicable. OD DIRECTORS	01E Regislor 13. 13.1 12.1	acutes. ad Agant signature requirements ITILE VAME STREET ADDRESS	ired when reinstating)	DATE	D DIRECTOF Change	RS IN 12
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not never yearing that the information supplied with this annual report or supplemental annual report or true and accurate and that my signature shall have the same legal effect as if made under eath; that lam 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.