

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 08 1997 8:00am
Secretary of State

DOCUMENT # J34076

(6)

1. Corporation Name
FAZIO GOLF, INC.



Principal Place of Business

14255 US HWY 1
SUITE 203
JUNO BEACH FL 33408
US

Mailing Address

14255 US HWY 1
203
JUNO BEACH FL 33408-1405
US

2. Principal Place of Business

21 140 Intracoastal Pt. Dr.

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Jupiter, FL

24 33477

Country

25 USA

2a. Mailing Address

26 140 Intracoastal Pt. Dr.

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Jupiter, FL

29 33477

Country

30 USA

3. Date Incorporated or Qualified

09/19/1986

3a. Date of Last Report

05/01/1986

4. FEI Number

59-2732481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FAZIO, THOMAS
14255 US HIGHWAY 1 #203
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

140 Intracoastal Pt. Dr. Suite 110

Jupiter, FL

84 City

Jupiter, FL

FL

85 Zip Code

33477

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06-30-97

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME FAZIO, THOMAS
STREET ADDRESS 1225 US HWY. 1
CITY-ST-ZIP JUNO BEACH FL

TITLE VST ☐ DELETE

NAME FAZIO, GABRIELLE
STREET ADDRESS 14255 US HWY 1
CITY-ST-ZIP JUNO BEACH FL

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

11 TITLE PSD ☒ Change ☐ Addition

12 NAME FAZIO, Thomas
13 STREET ADDRESS 140 Intracoastal Pt. Dr. #110
14 CITY-ST-ZIP Jupiter, FL 33477

21 TITLE VST ☒ Change ☐ Addition

22 NAME FAZIO, Gabrielle
23 STREET ADDRESS 140 Intracoastal Pt. Dr. #110
24 CITY-ST-ZIP Jupiter, FL 33477

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)