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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # J34571



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90025 032 ***150.00

GOLF G	IFTS, INC.		•				
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							ASBAN BIRTH IRBN
Principal Place	e of Business	Mailing Address		——————————————————————————————————————	I INCHINE OTOO ITHIT ONOG OTHER TROOP NOT	AIBN BIBN EIBN BIBN	11911 B B 1 1991
		685 KATEMORE LANE					
685 KATEMORE LANE NAPLES FL 34108 NAPLES FL 34108 NAPLES FL 34108							
US US					DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed		\ \
					09/19/1986	-x	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 }	oplied For
21	e same of the control	. 26	<u> · · · · · · · · · · · · · · · · · · </u>		<u>- 59-2720683</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
27				5. 6. 6. 6. 6. 6. 6. 6. 6		equired	
City & State City & State				6. Election Campaign Financing		May Be	
28		28			Trust Fund Contribution	Added	to Fees
Zip	Zip Country Zip		Country	'	8. This corporation owes the current y		
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New Regis	tered Agent	
			81	Name			
PFEIL, RICHARD B			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	KATEMORE LANE		1				
NAP	LES FL 34108		83				
			0.4	City		85 Zip	Code
			84	City		FL °	Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	s, the abov	e-named cor	rporation submits this statement for the purp	ose of changing its	registered
office or n	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was aut	nonzed by	the corpora	tion's board of directors. I hereby accept the	appointment as re	gisterea
_	im ramiliar with, and accept the obliga-	JULY 01, Section 007,0303, 1 lone	aa Statutes	,			ĺ
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered Age	nt signature requi	ired when reinstating) D	ATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	DV	DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	EBERT, L. JAMES	/-	1.2 NAME		•		ļ
STREET ADDRESS	75 E. WACKER DR. #800		1.3 STREE	TADORESS			
)	CHICAGO IL 60601		1.4 C/TY-S	1			}
CITY-ST-ZIP	DS	DELETE	2.1 TITLE	,,			
						☐ Change	Addition
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TITLE	NAPLES FL 34108 DPT COLEMAN, SUSAN P 2759 SAW MILL RUN BLVD.		2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		₹ ·	7. – 14.
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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, with all other like empowered.

SIGNATURE: