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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90178 045 \*\*\*150.00

DOCUMENT # J52470

1. Corporation Name  
CREATIVE GOLF, INC.

Principal Place of Business  
% PETER A. SACHS. ESQ.  
505 SOUTH FLAGLER DR., P.O. DRAWER E  
WEST PALM BCH FL 33401

Mailing Address  
% PETER A. SACHS. ESQ.  
505 SOUTH FLAGLER DR., P.O. DRAWER E  
WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

4. FEI Number

59-2762954

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 VOLKER KRAJEWSKI  
Suite, Apt. #, etc.

22 7617 S.E. AUTUMN LN.  
City & State

23 HOBE SOUND, FL.  
Zip

24 33455 Country U.S.A.

2a. Mailing Address

26 VOLKER KRAJEWSKI  
Suite, Apt. #, etc.

27 7617 S.E. AUTUMN LN.  
City & State

28 HOBE SOUND, FL.  
Zip

29 33455 Country U.S.A.

9. Name and Address of Current Registered Agent

SACHS, PETER A., ESQ.  
JONES & FOSTER, P.A.  
505 S FLAGLER DR, P. O. DRAWER E  
W PALM BCH FL 33401

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 ☒ DELETE

NAME FARNER, LILIAN  
STREET ADDRESS 209 LEGENDARY CIR.  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME KRAJEWSKI, VOLKER  
STREET ADDRESS 7617 S.E. AUTUMN LANE  
CITY-ST-ZIP HOBE SOUND FL 33455

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PRESIDENT  
2.3 STREET ADDRESS KRAJEWSKI, VOLKER  
2.4 CITY-ST-ZIP 7617 S.E. AUTUMN LANE  
HOBE SOUND, FL. 33455

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

VOLKER KRAJEWSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 27, 99  
Date

561-223-7042  
Daytime Phone #

0320676

CR2E034 (11/98)