

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L24442** (0)

1. Corporation Name

BOCA RATON DRIVING RANGE, INC.



Principal Place of Business

Mailing Address

**9585 HARDING AVENUE
SURFSIDE FL 33154**

**9585 HARDING AVENUE
SURFSIDE FL 33154**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**KOTLER, MEYER
9585 HARDING AVENUE
SURFSIDE FL 33154**

3. Date Incorporated or Qualified

10/23/1989

3a. Date of Last Report

01/25/1995

4. FEI Number

65-0152859

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

☒ Yes

☐ No

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 of registered agent or person in charge of registration and not acceptable)

(If "X" Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

11

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MEYER KOTLER
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11

NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21

NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31

NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41

NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51

NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61

NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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