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

**PROFIT** CORPORATION ANNUAL REPORT 19991 2000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M78292 1. Corporation Name

SURF TURF INVESTMENTS, INC.

					,				Tii e dii e 11 i d 1 i dii dii dii d	
Principal Place of Business PATAN DD  Mailing Address BOCA A  Mailing ADDRESS				ANN RD			DO NOT W  3. Date Incorporated or Qualife	RITE IN THIS	SPACE	······
US S		ŲS				- }	04/28/1988			
2, Principal Pla	ace of Business	2a. Mailing A	Address				4. FEI Number 65-0053434		<u> </u>	plied For t Applicable
21	# ata	26 Suite, Ap	ot # etc.			_+			\$8.75 A	
Suite, Apt. :	<del>,, 810.</del>	27			·		5. Certificate of Status Desired		Fee Re	quired
City & State	9	City & St	tate				6. Election Campaign Financin	<sup>lg</sup> □ .	\$5.00 Added to	- 1
23	Country	28     Zip		Country	<u> </u>		Trust Fund Contribution 8. This corporation owes the c	urrent year Int		7/ 5/104
Zip 24	25	29	30	٦ .		}	Personal Property Tax.		Yes	No du
	9. Name and Address of Current	t Registered Age	ent		П.	1	10. Name and Address of New	v Registered .	Agent	
CUT	ETAPPLE, ROBERT A.			81	1					
577E	etapple, robert a. Eastupalmetto-park-ro /(	65 E. Boc.	A KATON K.	D $82$	Street A	Address	(P.O. Box Number is Not Acce	ptable)		
~ BOC	A RATON FL 33432	·		83	3					
				84	City			FL	85 Zip (	Code
<b>.</b>							tion cubmits this statement for I	he numose of	changing its	registered
	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga					oration's	board of directors. I hereby ac	cept the appoi	ntment as re	gistered
SIGNATURE		and tills if applicable		ristered Ace		equired wh	en reinstating)	DATE		
.5	Signature, typed or printed name of registered ager OFFICERS AN			gistered Age		equired wh	ien reinstating) . ADDITIONS/CHANGES TO			DRS IN 12
SIGNATURE 12.		ID DIRECTORS		·	ent signature (	equired wh	ien reinsteling) , ADDITIONS/CHANGES TO		NO DIRECTO	ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	(NOTE: Re	13.	ent signature (	equired wh	en reinstating) ADDITIONS/CHANGES TO			DRS IN 12
12.	OFFICERS AN KOLLIGIAN, CHARLES 200 EAST 66 ST	ID DIRECTORS	(NOTE: Re	13. 1,1 TITLE 1,2 NAME	ent signature (	equired wh	ten reinstating) ADDITIONS/CHANGES TO			DRS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

**FILED** 

05-11-2000 91430 001 \*\*\*450.00

May 11, 2000 8:00 am Secretary of State