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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N15797 (6)

1. Corporation Name

PALMETTO JUNIOR GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ALLEN WEITZEL
BRIAR BAY, 8373 S.W. 134 ST.
MIAMI FL 33176

% ALLEN WEITZEL
BRIAR BAY, 8373 S.W. 134 ST.
MIAMI FL 33176

3. Date Incorporated or Qualified
07/09/1986

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2775066

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITZEL, ALAN
% BRIAR BAY
9373 S.W. 134 ST.
MIAMI FL 33176

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BROWN, THOMAS
STREET ADDRESS 9340 S.W. 178TH ST.
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD Change Addition
1.2 NAME BROWN, ERIC
1.3 STREET ADDRESS 10191 SW 102 NE.
1.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE T DELETE
NAME WESSELLS, RAY
STREET ADDRESS 6701 S.W. 115 ST.
CITY-ST-ZIP MIAMI FL

2.1 TITLE T Change Addition
2.2 NAME KUHN, JAMES R.
2.3 STREET ADDRESS 6730 S.W. 104 ST.
2.4 CITY-ST-ZIP MIAMI, FL 33156

TITLE D DELETE
NAME WEITZEL, AL
STREET ADDRESS 8780 S.W. 160TH ST.
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DAVIS, BARBARA
STREET ADDRESS 10021 SW 141ST ST.
CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

5-7-97

305-255-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (9/96)