

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43898** (8)

1. Corporation Name
FLORIDA ADVERTISING GOLF ASSOCIATION, INC.



Principal Place of Business: **5840 PINETREE DR. MIAMI BEACH FL 33140 US**
Mailing Address: **5840 PINETREE DR. MIAMI BEACH FL 33140 US**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0273994**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**ROTHCHILD, HOWARD
5840 PINETREE DR.
MIAMI BCH., FL 33137**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State: **FL** Zip: **33140**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAINMAN, JOEL	
STREET ADDRESS	3822 NW 23 CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	ROTHCHILD HOWARD	
STREET ADDRESS	5840 PINETREE DR.	
CITY-ST-ZIP	MIAMI BCH., FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PELHAM LYNN	
STREET ADDRESS	685 MOKENA DR. STE. 223	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARRY ROTHMAN	
4.3 STREET ADDRESS	3730 Coconut Creek Pkwy.	
4.4 CITY-ST-ZIP	Coconut Creek, FL. 33066	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Howard Rothchild* Howard Rothchild 01/29/96 305-576-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)