## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Bn - 6,1997

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

N43898

(8)

## FLORIDA ADVERTISING GOLF ASSOCIATION, INC.

Principal Place of Business		Mailing Address			Dit dillit biete diffit filbit ain	11 01211 1001	
5840 PINETREE DR. MIAMI BEACH FL 33140		5840 PINETREE DR. MIAMI BEACH FL 33140-2123 US					
US					3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Re 02/01/199	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			65-0273994	····	Applicable
Suite, Apt. 1		Suite, Apt. #, etc.	THE STATE OF THE S		5. Certificate of Status Desired	S8.75 A	
City & State		City & State		6. Election Campaign Financing	, <del>,</del>		
Zip Country		Zip Country					
24 25		29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
[67]	9. Name and Address of Current Registered Ag				10. Name and Address of New Registered Agent		
			81	Name			
ROTHCH	IILD, HOWARD		82	Street Art	dress (P.O. Box Number is Not Acceptab	اما	
5840 PINETREE DR.				OH BOT NO	dress (1.0. box Hamber is Not Acceptab	ie,	
	CH., FL 33137		83				
	- '		84	City		FL 85 Zip C	ode
11 Pursuant t	o the provisions of Sections 617 050	2 and 617 1508 Florida Statu	ites the above-	named co	rporation submits this statement for the p	<u> </u>	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized by t	the corpor	ation's board of directors. I hereby accep	it the appointment as r	egistered
1	m ramilial with, and accept the obliga	RIOHS OF DECEMENT OF A COOS, I	ionda Statutes.				
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE Registered Agent	signature req	ulred when reinstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 12
TITLE	D	DELETE	1.1 TITLE			L. Change	
NAME	<del>FAINMAN, JOE</del> L		1.2 NAME				
STREET ADDRESS	3 <del>822 NW 23 OT</del>		1.3 STREET A	DDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-	ZIP		[] (h	Addition
TITLE	VPTD DELETE		2.1 TITLE			☐ Change	Addition
NAME	ROTHCHILD HOWARD		2.2 NAME				
STREET ADDRESS	5840 PINETREE DR.		2.3 STREET A				
CITY-ST-ZIP TITLE	MIAMI BCH., FL 33140 PD DELETE		2. 4 CITY - ST 3.1 TITLE	-111	DN	Change	Addition
NAME	ROTHAM, BARRY		3.2 NAME		POTHMAN RAPON	<b>7</b>	
STREET ADDRESS	37301 COCONUT CREEK PK	۸Y	3.3 STREET A	nobess	1007 SE 175 Sheet	58e. 200	
CITY-ST-ZIP	COCONUT CREEK FL	•	3.4. CITY-ST		Ft. Landerdale .FL.	333K	
TITLE		☐ DELETE	4.1 TITLE		DIT	☐ Change	Addition
NAME			4. 2 NAME		David BRAYSON		
STREET ADDRESS			4.3 STREET A	DDAESS	David BRAYSON 10420 SW 77 Ave. MIAMI, FL. 3315		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	MI ami . FL. 3315	<u>.c</u>	
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP		Therewa	5.4 CITY~\$1	- ZIP		["TALLE	. تعادده
TITLE		[] DELETE	6.1 TITLE			Change	■ Addition
NAME CZOSCY ADDRESS			6.2 NAME	DDDCCC			
STREET ADDRESS			6.3 STREET A				
City-St-ZiP	ov certify that the information sunnile	d with this filing does not aux	6.4 City-St- alify for the exen	notion stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that	lhe
informatio	in indicated on this annual report or s	upplemental annual report is	true and accur	ate and th	nat my signature shall have the same lega port as required by Chapter 617, Florida S	al effect as if made uno	der oath: that