

FILE NOW: FILING FEE IS \$61.25

Moved. New

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33140-2123 US
---	--

3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 02/01/1996
4. FEI Number 65-0273994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1085 Papaya St. Suite, Apt. #, etc.	2a. Mailing Address 26 1085 Papaya St. Suite, Apt. #, etc.
22 City & State 23 Hollywood FL	27 City & State 28 Hollywood FL
24 Zip 33019	25 Country USA
29 Zip 33019	30 Country USA

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 Name **Rothchild, Howard**
82 Street Address (P.O. Box Number is Not Acceptable)
1085 Papaya Street
83
84 City **Hollywood** FL 85 Zip Code **33019**

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FANMAN, JOEL	
STREET ADDRESS 3622 NW 23 ST	
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 PD	<input type="checkbox"/> DELETE
NAME ROTHAM, BARRY	
STREET ADDRESS 37301 COCONUT CREEK PKWY	
CITY - ST - ZIP COCONUT CREEK FL	
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 P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RUBIN, ANDREW	
1.3 STREET ADDRESS 825 Aimeria Street	
1.4 CITY - ST - ZIP Coal Gables FL. 33134	
2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ROTHCHILD HOWARD	
2.3 STREET ADDRESS 1085 Papaya Street	
2.4 CITY - ST - ZIP Hollywood, FL. 33019	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ROTHMAN, BARRY	
3.3 STREET ADDRESS 1003 SE 17th Street, Ste. 200	
3.4 CITY - ST - ZIP Ft. Lauderdale, FL. 33316	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME David GRAYSON	
4.3 STREET ADDRESS 10420 SW 77 Ave.	
4.4 CITY - ST - ZIP MIAMI, FL. 33156	
5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME WARD, ROBERT	
5.3 STREET ADDRESS 12550 Biscayne Blvd.	
5.4 CITY - ST - ZIP North Miami, FL. 33181	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

500002533215
-05/22/98--01050--010
***61.25

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.