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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43898

1. Corporation Name
FLORIDA ADVERTISING GOLF ASSOCIATION, INC.

Principal Place of Business 1085 PAPAYA STREET HOLLYWOOD FL 33019 US	Mailing Address 1085 PAPAYA STREET HOLLYWOOD FL 33019 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/17/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0273004 65-0273394
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTHCHILD, HOWARD 1085 PAPAYA STREET HOLLYWOOD FL 33019				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, ANDREW			1.2 NAME			
STREET ADDRESS	825 ALMENIA STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROTHAM, BARRY			2.2 NAME	Frank Schulwolf		
STREET ADDRESS	1003 SE 17TH ST., STE 200			2.3 STREET ADDRESS	524 Harder Road		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			2.4 CITY-ST-ZIP	Coral Gables FL 33140		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID GRAYSON			3.2 NAME			
STREET ADDRESS	10420 SW 77 AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTHCHILD, HOWARD			4.2 NAME			
STREET ADDRESS	1085 PAPAYA STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARD, ROBERT			5.2 NAME	Jeff Burton		
STREET ADDRESS	12550 BISCAYNE BLVD.			5.3 STREET ADDRESS	1438 Harrison St.		
CITY-ST-ZIP	NORTH MIAMI FL 33181			5.4 CITY-ST-ZIP	Hollywood FL 33020		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 817, 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.

SIGNATURE: *Signature of Howard Rothchild* 01/20/99 305-576-4141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)