

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003539 (2)

1. Corporation Name

CORPORATE GOLF SERVICES, INC.



Principal Place of Business

64 NW 111 ST
MIAMI FL 33168

Mailing Address

64 NW 111 ST
MIAMI FL 33168

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5201 RAVENSWOOD RD

26 5201 RAVENSWOOD RD

4. FEI Number

☒ 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 113

27 Suite 113

City & State

City & State

23 Ft Lauderdale FL

28 Ft Lauderdale FL

Zip Country

Zip Country

24 33312

29 33312

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHEAD, JOSEPH F Joseph F. Whitehead, P.A.
5201 RAVENSWOOD RD
SUITE 111
FT LAUDERDALE FL 33312

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 ☐ DELETE
NAME PD
STREET ADDRESS O'BRIEN, RICHARD M
CITY - ST - ZIP 64 NW 111 ST
MIAMI FL 33168

TITLE ☐ DELETE
NAME D
STREET ADDRESS CUSANO, JOHN
CITY - ST - ZIP 4821 SW 76 AVE
DAVIE FL 33328

TITLE ☐ DELETE
NAME D
STREET ADDRESS CUERVO, MANNY
CITY - ST - ZIP 451 SW 66 AVE
MIAMI FL 33144

TITLE ☐ DELETE
NAME D
STREET ADDRESS Whitehead, Joseph F
CITY - ST - ZIP 5201 RAVENSWOOD RD, #111
Ft. Lauderdale, FL 33312

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Whitehead, Joseph F
1.4 CITY - ST - ZIP 5201 RAVENSWOOD RD, #111
Ft. Lauderdale, FL 33312

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Richard M. O'Brien

Date

7/29

Daytime Phone #

(305) 899-3552

0008203

CR2E037 (3/96)