FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000014802 (2)**

1. Corporation Name
FRANKLIN GOLF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3011 ROCK ISLAND RD. MARGATE FL 33063	3011 ROCK ISLAND RD. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0376378 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARKS, GREGORY M
AKERMAN, SENTERFITT & EIDSON, PA
801 BRICKELL AVE., 24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: American Information Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83: 24th Floor
84: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alina Cepero — Alina Cepero, President — 4/13/95
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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	VALASSIS, DOUG T	1.2 NAME	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	☑ Change ☐ Addition
NAME	VALASIS, GEORGE F	2.2 NAME	VALASSIS, GEORGE F.
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HORN, DEAN B	3.2 NAME	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	VALASSIS, CRAIG D	4.2 NAME	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT	5.2 NAME	
STREET ADDRESS	7280 PALMETTO PARK RD., #310	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☑ Change ☐ Addition
NAME	SLOTBOTZKY, LESLIE	6.2 NAME	SLOBOTZKY, LESLIE
STREET ADDRESS	7280 PALMETTO PARK RD., #310	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Slobotzky — LESLIE SLOBOTZKY — 4/18/95 — (305) 752-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Author's Daytime Phone #)

610A00 CP