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FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000014802 (2)

1. Corporation Name

FRANKLIN GOLF MANAGEMENT, INC.

Principal Place of Business

3011 ROCK ISLAND RD.  
MARGATE FL 33063

Mailing Address

3011 ROCK ISLAND RD.  
MARGATE FL 33063-7822



3. Date Incorporated or Qualified  
01/01/1993

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

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4. FEI Number

65-0376378

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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERV. INC.  
801 BRICKELL AVE.  
24TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	VALASSIS, DOUG T	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	VALASSIS, GEORGE F	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HORN, DEAN B	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALASSIS, CRAIG D	
STREET ADDRESS	7280 W. PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	7280 PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SLOBOTZKY, LESLIE	
STREET ADDRESS	7280 PALMETTO PARK RD., #310	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE SLOBOTZKY 3/24/97 954-752-5847

Date

Daytime Phone #

CR2E034 (9/96)