

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90042 009 \*\*\*158.75

DOCUMENT # P92000014802

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 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 ☐ DELETE

NAME VALASSIS, DOUG T  
STREET ADDRESS 7280 W. PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DC ☐ DELETE

NAME VALASSIS, GEORGE F  
STREET ADDRESS 7280 W. PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

1.2 NAME ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME HORN, DEAN B  
STREET ADDRESS 7280 W. PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME VALASSIS, CRAIG D  
STREET ADDRESS 7280 W. PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME MILLER, ROBERT  
STREET ADDRESS 7280 PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SLOBOTZKY, LESLIE  
STREET ADDRESS 7280 PALMETTO PARK RD., #310  
CITY-ST-ZIP BOCA RATON FL

2.2 NAME ☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #