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

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90025 035 ***150.00

 Corporation 	MEN F P93000 RKLEY PUTTER, INC.	0021990				
Principal Place of Business Mailing Address						12 12 21 11 21 4 1 4 1 1 1 1 1 1 1 1 1 1
84 JUNIPER RD 84 JUNIPER RD						
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						
US US					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed 03/24/1993	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				65-0415046	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27					3. Certicale di Otalica Districa	Fee Required
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country Zip Con		Country		8. This corporation owes the current year	
24	25 29 30		0		Personal Property Tax.	Yes □No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
			81	Name		
MARKLEY, WILLIAM N 84 JUNIPER RD.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
			-			
HOLI	LYWOOD FL 33021		83			
			-	0.1	- Andrew Andrews	85 Zip Code
			84	City	F	L S Zip Code
office or re agent. I an SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by ia Statutes	the corporation.	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the directors of the purpose of th	ointment as registered
12.	OFFICERS AND DIRECTORS 13		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D □ DELETE 1.1 T		1,1 TITLE			Change Addition
NAME	MARKLEY, WILLIAM N 12N		1.2 NAME			İ
STREET ADDRESS			1.3 STREET	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021 140		1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	22 N		2.2 NAME			
STREET ADDRESS	235		2.3 STREET	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-S		المراب والمحاري الساح يتطاسين	
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	3.2 N		3.2 NAME			
STREET ADDRESS			3.3 STREET	TADORESS		}
CITY- ST- ZIP			3.4. CITY-S	ŀ		1
TITLE		☐ DELETE	4.1 TITLE	,1-01		☐ Change ☐ Addition
NAME			4. 2 NAME			
			4.3 STREET	TANNESS		
STREET ADDRESS			4.4 CITY- S		:	
TITLE			5.1 TITLE	I - ALIY		☐ Change ☐ Addition
			5.1 NAME			
NAME STREET ADDRESS			5.3 STREE	TADDRESS		
	S .		5.4 CITY-S			
CITY-ST-ZIP TITLE			6.1 TITLE			☐ Change ☐ Addition
			6.2 NAME			_ ,
NAME			6.3 STREET	TADORESS		
STREET ADDRESS			1			ļ
CITY-ST-ZIP			6.4 CITY-S	1-217		

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: \(\)

SIGNING DEFICER OR DIRECTOR