## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLOR/DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	

1, Corporation		000033288	(0)				
GOL	F COURSES OF AMERIC	A, INC.				   <b>       </b>	
Principal Place of Business  111 NORTH ORANGE AVE. SUITE 900 ORLANDO FL 32801		Mailing Address			D HANK <b>ER</b> INA <b>Er</b> ini	I <b>BB</b> iol <b>Brief</b> Hills iii	
		111 NORTH ORANGE AVE. SUITE 900 ORLANDO FL 32801					
2 Principal D	lace of Business		····	3. Date Incorporated or 05/06/1993	Qualified	3a. Date of Last 07/07	l Report <b>7/1995</b>
21 21	race of business	2a, Mailing Address		4, FEI Number	^		Applied For
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		59-318530	2	<u>_</u>	Not Applicable
22		27		5. Certificate of Status I	Desired [		75 Additional ee Required
City & State	0	City & State		6. Election Campaign F	mancing		.00 May Be
<b>23</b> Zip	T 62	28		Trust Fund Contribut		Add	ded to Fees
24	Country 25	Zip <b>29</b> ]	Country	8. This corporation has			s 199.032,
	9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes  10. Name and Address	Yes [		
			81 Nan		Of New Neg	istered Agent	
	y, raliph c		82 Stre	et Address (P.O. Box Number is Not		, ,	
	ORTH ORANGE AVE.		62 Stre	et Address (m.O. Box Number is Not	t Acceptable)		
SUITE			83				
OHLAI	NDO FL 32801		84 City			<b>—.</b> [85]	Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Fi th, and accept the obligations of, Si	62 and 607.1508, Florida Sta orida, Such change was autho ector 637.0505, Florida Statu	utes, the above named rized by the corporation	corporation submits this statement is board of directors. I hereby accep	for the purpos of the appoint	FL   "	,
SIGNIATURE	-		Va				_
10	Signature by extra principle and the proposition to	richard the engine and accompany	billi for beel age spec	e tegoval v corem tatogo		DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRECT	ORS IN 12
NAME	LOSEY, RALPH C		1 I TITLE			☐ Change	Addition
STREET ADDRESS	111 N. ORANGE AVE., S	LIITE 900	1.2 NAME				ļ
CiTY+ST-ZIP	ORLANDO FL 32801	U 2 000	13 STHRET ADDRES 14 CFTY - ST- Z-P				
TULF	P	DELETE	2 1 T.TLE			Change	- Addition
NAME	Krause, scott f		2.2 NAME			Change	Addition
STREET ADDRESS	7031 EDGEWORTH DRIV		2.3 STREET ADDRESS				
CITY-ST ZIF	ORLANDO FL		2.4 CITY   ST - 73P				İ
TITLE		DELETE	3 1 T-TLE			☐ Change	Addition
NAME SIREET ADDRESS			3 2 NAME				
STREET ADDRESS City-St-Zip			3.3 STREET ADDRES	5			1
TITLE		DELENE	3.4 CHY+\$1. ZIP				
NAME			4 1 11111			☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME				
CITY - ST - ZIP			4.3 STREET ADDRESS				1
THLE		DELETE	5 1 INLE			Change	Addiso
NAME			5.2 NAME			[] change	Addition
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 City ST-ZiP				
TITLE		DELFTE	6 1 HTLF			☐ Change	Addition
NAME STREET ADDRESS			6.2 NAME				
STREET ADDRESS			€ 3 STHEEL ADDRESS				
DITY-ST ZIP			6.4 CHY ST-2(P				

14. If 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 amplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if challon an attraction of the property of the prop

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICE

L'Howe Pariokent 4/28/46 414-425-6500