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

DOCUMENT # P93000076388

DISCOUNT GOLF/USA, INC.

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

02-22-1999 90001 023 ***150.00



Principal Place of Business Mailing Address							1	O LANGENDAS UN CACASA UNUE MAUTE DI	IAN AB NA Ba nk i	Tale biles list	
1624 N CENTRAL AVE 1624 N CENTRAL AVE											
SEBASTIAN FL 32958 SEBASTIAN FL 32958										00.00	
us us							DO NOT WRITE IN THIS			SPACE	
							3.	Date incorporated or Qualifed			. }
							 _ _	11/04/1993			- Lad Fan
2. Principal Place of Business 2a. Mailing Address							1	FEI Number		<u> </u>	oplied For
21 1024 N (ENTRACE AVE 26							┼-	65-0447191			Additional
L	Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certifcate of Status Desired		•	equired
City & Stat	to .	City & State	<u> </u>		—–		+	Firsting Committee Financian			May Be
	RASTIAN FL	28	L (6.	Election Campaign Financing Trust Fund Contribution	[]	-	to Fees
Zip Country Zip Cou							+ -	This corporation owes the curr	ent vear Inta		-
32958 25 USA 29 " 30							1	Personal Property Tax.	on your ma	Yes	□No Ì
	9. Name and Address of Current			Τ_				Name and Address of New I	Registered A	Agent	
				81	Nam	e					}
ROGERS, ROBERT C., JR. ESQ. 1141 SOUTHEAST SECOND AVENUE					Cha	et Address (P.O. Box Number is Not Acceptable)					
					Stree	et Addie:	iss (m.	.O. Box Number is Not Accept	able)]
FOR	RT LAUDERDALE FL 33316			83							
~\				<u>_</u>	ļ. <u>.</u>						
,				84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida St	tatutes, the a	bove	e-name	ed corpo	ration	submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change wa	as authorize	yd t	the co	rporation	n's bo	ard of directors. I hereby acce	pt the appoir	itment as re	egistered
•	m ramiliar with, and accept the obligation	on, Section dor.0505,	, monua stat	uies							1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (/	NOTE: Registered	Ager	nt signatu	e required	er nertw	einstating)	DATE		{
12.	OFFICERS AND		13.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TI	TLE						Change	Addition
NAME	VICTOR, ROBERT JR		1.2 N	AME.		- (ľ
STREET ADDRESS	1624 N CENTRAL AVE	1	1.3 \$	REET	TADDRES	₃₅					1
CITY-\$T-ZIP	MARGATE FL SCBASTI	IAN FL	1.4 C	TY-S	T-ZIP						\
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NAME			6.2 N	MÉ							ļ
STREET ADDRESS			6.3 S	REET	ADDRES	s					ĺ
CITY-ST-ZIP			6.4 C	77-51	T-ZIP)

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 of on the attachment with an address, with all other like empowered.

SIGNATURE:

561-581-0909