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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005416 (0)

GOLF INTERNATIONAL OF FLORIDA, INC.

Princi	lpal	Place	of	Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



2178-A CORINNE CT. SOUTH ST. PETERSBURG FL 33712			2176-A CORINNE CT. SOUTH ST. PETERSBURG FL 33712-4455							
						3. Date Incorporated or Qualified 01/13/1994	3a. Date 04/26/		leport	
2. Principal Place of Business		2a. Mailing Address	 			4. FEI Number			oplied For	
21			26			59-3220601 Not Applice				
Sulte, Apt. #, etc.		27				Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State		,		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country Zip 29 3				,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sime\) Yo				
	9. Name and Address of C	urrent Registered Agent		Ĺ.,		10. Name and Address of New Reg	istered Ag	ent		
	itinger, William a			81	Name					
2176-A CORINNE CT. SOUTH ST. PETERSBURG FL 33712				82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
• • • • • • • • • • • • • • • • • • • •				63						
: 				84	City		FL	85 Zip	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7 0502 and 607.1508, Fiorida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the a authorize lorida Sta	bove d by lutes	e-named cor the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep		nanging i itment as	ts registered registered	
SIGNATURE			~ —							
12.	Signature, typed or printed name of registr	red agent and tide if applicable (NO IS AND DIRECTORS	If Registere	d Age	ni signature requ	u red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	IDECTO	20 IN 12	
TITLE	PSD	DELETE	1.1 To	TLF		ADDITION OF THE OFFICE		Change	Addition	
NAME	ERMITINGER, WILLIAM A		1.2 N					,		
STREET ADDRESS	2176-A CORINNE CT. SOL	JTH			ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 337				T-ZIP					
TITLE	<u> </u>	DELETE	2111					Change	Addition	
NAME			2.2 N	AME	Ì				,	
STREET ADDRESS			2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			2.40	HTY-S	S1 - ZIP					
TITLE		L_) DELETE	3.1 TI	TLE	ľ			Change	☐ Addilion	
NAME :			32N	AME						
STREET ADDRESS			3.3 S	IREET	ADDRESS					
CITY-ST-ZIP		D. DELETE			51 - 2IP			1 01	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		☐ DELETE	4.111				L.	Change	Addition	
NAME .		•	4.21							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.1 Ti		1-7IP			Change	Addition	
		Fail process					_	, ondigo	/subsport	
NAME STREET ADDRESS			5.2 N		ADDRESS					
1			ľ	IREET ITY-S	ADDRESS					
CITY-ST-ZIP TITLE		DELETE	6.1 Ti		1-611			Change	Addition	
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
City-St-Zip				11Y-S						
	an andifustrat the information of	ionlied with this tiling does not avail				nd in Caption 110 07/01/0 Florida Statutor	i Codboo o	4 - 4 4	46.4	

I do nereuly certify that the information supplied with this filling 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.

GNATURE: