### 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 # **P94000022007**1. Corporation Name

TEE OFF, INC.

# **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90133 023 \*\*\*150.00



Principal Place of Business Mailing Address						( )DESIDER HE MINT BIRTH BRITE BATCH BRITE HOUR HOW BRITE BRITE HOUR		
402 EAST DANIA BEACH BLVD.  DANIA FL  402 EAST DANIA BEACH BLVD  DANIA FL				.VD.			DO NOT WRITE IN THIS SPACE	
					-		3. Date Incorporated or Qualifed 03/22/1994	
2. Principal Place of Business 2a. Mailing Address			g Address				4. FEI Number Applied For	
21	<u></u>	26					65-0494408 Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite,					5. Certificate of Status Desired	
City & State		City 8					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country				8. This corporation owes the current year Intangible	
24	25 29 30		30			Personal Property Tax. Yes No		
Name and Address of Current Registered Agent					31	N	10. Name and Address of New Registered Agent	
CLAE	DEC NAVIE FERRENA			18	57	Name		
CLARK, WILLIAM W. 4435 NW 73 WAY				[8	82 Street Address (P.O. Box Number is Not Acceptable)		ess (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33065				33			
					34	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			NOTE:	Disciptored A	annt	eionatura raquired	when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign  12 OFFICERS AND DIRECTORS  13.					signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DVS	AND DIRECTOR	DELETE	1.1 TITL			☐ Change ☐ Addition	
TITLE	CLARK, MARGOT S.		<b>—</b>	1.2 NAME				
NAME					ADDRESS			
STREET ADDRESS	CODAL CODINCE EL		1.4 C					
CITY-ST-ZIP	DCPT		DELETE 2.1			-	Change Addition	
TITLE	WILLIAM W CLARK		<del></del>	2.2 NAME				
NAME	4405 304/ 30 14/41/					ADDRESS		
1	CODAL CODINCE EL		2.40					
CITY-ST-ZIP			DELETE 3.1 TO			1-21	☐ Change ☐ Addition	
TITLE			3.2 N			ļ		
NAME			3.3 STREET ADDRESS		ADDRESS			
STREET ADDRESS				3.4. CITY-ST-ZIP				
CITY-ST-ZIP		·	DELETE 4.1T			,	☐ Change ☐ Addition	
NAME			4.21					
İ						ADDRESS	•	
STREET ADDRESS				4,4 CIT				
CITY-ST-ZIP TITLE			☐ DELETE 5.1 T				Change Addition	
NAME				5.2 NA				
1				5.3 STF	REET	ADDRESS		
STREET ADDRESS				5.4 CIT	Y-ST	r-ZIP		
CITY-ST-ZIP			DELETE	6.1 TITI			Change Addition	
				6.2 NAJ	ИE			
NAME CYPEET APPRECE				6.3 STF	REET	ADDRESS		
STREET ADDRESS				6.4 CIT				
CITY-ST-ZIP	ertify that the information supplied	with this filing do	pes not qualify for	the exen	nptie	on stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Interest certify that the information supplied with this limit does not quality to the exemption stated in Section 1.18.07(0)(i), it had a supplied with this supplied with 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: \_

Daytime Phone #