2-97 18-3909 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

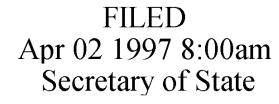
DOCUMENT # P94000041770 (6)

FLORIDA GOLF OPEN CHAMPIONSHIPS INC.

Principal Place of Business

9441 W. SAMPLE ROAD, SUITE 203

Malling Address





3-27-87

9441 W. SAMPI OORAL SPRING	LE ROAD. SUITE 203 38 FL 33065	9441 W. SAMP CORAL SPRIN							
						3. Date Incorporated or Qualified 05/31/1994	3a. Date (leport
2. Principal P	lace of Business	2a. Mailing Ad	ddress		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u></u>		pplied For
21		26				65-0499685		<u> N</u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, elc.			5. Certificate of Status Desired			Additional
22		27						- 	equired
City & State		City & Sta	1C			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ	Country	Zφ		Countr	У	8. This corporation has liability for i	ntangible tax	under s	. 199.032,
24	25	29		30			Yes D		
	9. Name and Address of Currer	nt Registered Ager	11		1	10. Name and Address of New Re	gistered Age	nt	
EUB	ANK, THOMAS			81	Name				
9441 W. SAMPLE ROAD, SUITE 203				82	82 Street Address (P.O. Box Number is Not Acceptable)				
COR	AL SPRINGS FL 33065								
				∫B3	Ί				
la.				84	City		FL	5 Zip	Code
11. Pursuant t	to the provisions of Sections 607 050	12 and 607 1508 FI	orida Statutos	s the above	g-named so	progration submits this statement for the n		1 anning i	ls registered
office or re	egistered agent, or both, in the State	of Florida. Such ch	nango was au nango was au	thorized b	y the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	of the appoint	ment as	registered
	н канила мил, алд весерт те орид	augus or, Section of	1011,6000,10	rua olaiul((۵.				
SIGNATURE	Signalure, typod or printed name of registered age	out and the if applicable	(NON	Registered Ac	ent signature re-	gured whon retriesating)	DATE		
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	3S IN 12
TOTLE	D		DELETE	1.1 701.6				Change	Addition
NAME)	EUBANK, THOMAS			1.2 NAME	}				
STREET ADDRESS	9441 W. SAMPLE ROAD, SUIT	E 203		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-	S1-21P				
TITLE			DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 S1REE	1 ADDRESS				
CITY-ST-ZIP				2.4 CITY-	ST-ZIP				
TITLE			DELETE	31 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3 4. CHY-	ST-ZIP				
TITLE			DELFTE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME	l				
STREET ADDRESS				4.3 STHEE	1 ADDRESS				
CITY-ST-ZIP				4.4 CHY-	SI - ZIP				
TITLE			DILETE	5.1 11TLE				Change	☐ Addition
NAME				5.2 NAME	ļ				
STREET ADDRESS				5.3 STREE	I AUDRESS				
CITY-ST-ZIP				5.4 CITY-	S1 - ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME	ĺ				
STREET ADDRESS				6.3 S1REE	I ADDRESS				
CITY-ST-ZIP	<u></u>			6.4 CITY-	ST-ZIP	· .			
14. I do hereb	y certify that the information supplie	d with this filing doc	s not qualify	for the exe	emption stat	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	s. I further cer	tify that	the
I am an of	ficer or director of the corporation of	the receiver or trus	slee empowei	red to exe	orate and the oute this rep	nort as required by Chapter 607, Florida S	latules; and t	hat my r	วอะ บลถา, เกล าลเทอ
appears Ir	n Block 12 or Block 13 if changed	on an attachmen	with an addre	oss.		0 17 17			