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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041770 (6)

FLORIDA GOLF OPEN CHAMPIONSHIPS INC.

Principal Place of Business

Mailing Address

9441 W. SAMPLE ROAD. SUITE 203 CORAL SPRINGS FL 33065 9441 W. SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065 FILED
Jun 02 1998 8:00am
Secretary of State



OOMAL OF IS	11 33003	CORAL SPRINGS TE SOOS			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified					
	_					05/31/1994				
2. Principal Pi	Ponce Dicken Blid	2a. Mailing Address				4. FEI Number		Ar	plied For	
		26 Scurre				65-0499685			t Applicable	
Suite, Apt.	l ' 🚗	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	Gables , FL	City & State				Election Campaign Financing Trust Fund Contribution	,	\$5.00 Added		
Zip	Country	Zip	Cour	ntry		B. This corporation owes or has	paid the c			
24 331	29	30			Personal Property Tax due June 30. Yes No					
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
EUBANK, THOMAS 81 Name						Vurran Woodcock.				
9441 W. SAMPLE ROAD, SUITE 203					Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33065					Street Address (P.O. Box Number is Not Acceptable) Not #3					
				63						
•			·	84	Cilv .			. 85 Zip (Code	
			i		Cural	1 Gables	F	L 33	3,31	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab				e purpose	of changing it	s 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 Statules.										
SIGNATURE WARRIN WOODCOCK March 4, 1998										
	Signature, typed or printed name of registered agent	and ble if applicable (NOTE	Registered	Agent	I signature requ	area when terislating)	OATE			
12.	OFFICERS AND	<u> </u>	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR Change		
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NAME	EUBANK, THOMAS	TT 000	1.2 NA		W	Ance be Lean	BIM +	* 3		
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CITY-ST-ZIP	artily that the information supplied with	this filing does not qualify fo	6.4 Cil or the exe			n Section 119.07(3)(i). Florida Statute	s. I further	certify that the	information	
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, or on an altachment with an address.										