

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90216 019 ***150.00

DOCUMENT # P94000041770

1. Corporation Name

FLORIDA GOLF OPEN CHAMPIONSHIPS INC.

Principal Place of Business

912 E PONCE DE LEON BLVD
STE 3
CORAL GABLES FL 33134
US

Mailing Address

912 E PONCE DELEON BLVD
STE 3
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 16799 NW 19 Court
Suite, Apt. #, etc.

2a. Mailing Address

26 16799 NW 19 Court
Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines FL

27 City & State

28 Pembroke Pines FL

24 Zip

33028

25 Country

USA

29 Zip

33028

30 Country

USA

9. Name and Address of Current Registered Agent

WOODCOCK, WARREN
912 E PONCE DELEON BLVD, STE 3
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0499685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Warren Woodcock

82 Street Address (P.O. Box Number is Not Acceptable)

16799 NW 19 Court

83

84 City

Pembroke Pines

FL

85 Zip Code

33028

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

Warren Woodcock

April 15, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WOODCOCK, WARREN
STREET ADDRESS 912 E PONCE DELEON BLVD, STE 3
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.
1.2 NAME Warren Woodcock
1.3 STREET ADDRESS 16799 NW 19 Court
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Warren Woodcock

April 15, 1999

954-442-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)