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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062740 (3)

SOUTH	FLORIDA GOLF TOUR INC.					
Principal Place of Business 9441 W. SAMPLE RD., #203 CORAL SPRINGS FL 33065		Mailing Address 9441 W. SAMPLE RD., #203 CORAL SPRINGS FL 33085-4144		E 1941) PRI 1411 BIBN STAN SONI SONI	40119 841 19 11911 12911 5191 6191 6191	
					 Date Incorporated or Qualified 08/22/1994 	8a. Date of Last Report 07/16/1996
 		2a, Mailing Address			4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		65-0515688	Not Applicable	
 		├	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζφ	Country	Zip	Countr	У	8. This corporation has liability for i	
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No
9. Name and Address of Current Registered Agent ELIDANIC TUONAC 81					10. Name and Address of New Ne	Jistolen võolit
EUBANKS, THOMAS L 9441 W. SAMPLE RD., #203						
CORAL SPRINGS FL 33065			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
	CAL OI HII TOO I L OOOOO		83			
			84	City		B5 Zip Code
			1			
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the above	re-named co	orporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
agent La	m familiar with, and accept the oblig	ations of, Section 607.0505, Fix	orida Statute	is.	gron's board of directors. Thereby doods	the appointment as registered
SIGNATURE		·				
	Signature, typed or printed name of registered age OFFICERS AN			ent signature rec	quired when reinstating)	DATE
12.	D OF IGERS AN	D DIRECTORS DELETE	13.	T	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	EUBANKS, THOMAS L	12 N				- Constant
STREET ADDRESS	197 RIVERSIDE DR., #312			T ADDRESS		•
CITY - ST - ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	- 1		
Tille			2 1 TITLE			Change Addition
NAMÉ	2:		2.2 NAME			·
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY+ST-ZIP			2. 4 CITY	-ST-ZIP		
זוינו:	 .		3.1 TiTLE			Change Addition
NAME			3.2 NAME	Į.		
SISSEL ADDRESS			1	T ADDRESS		
CITY-ST ZIP		DELETE	3.4. CITY			Change Addition
NAME.		C., Diction	4. 2 NAM			C orango C receiver
STREET ADDRESS				T ADDRESS		i
CITY - \$1 - 712			4.4 City	- I		
Till:F		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
C(Ty+S1+Z)F	-		5.4 CITY	ST-ZIP		
TH (E		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ACORESS			6.3 STREE	T ADDRESS	:	
C/TY+ST-ZIP			6.4 CITY-	ST-ZIP	<u> </u>	

14. I do 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 trust of appears in Block 12 or Block 13 if changes for on an attachment with an address.