

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 020 ***150.00

DOCUMENT # P94000062740

1. Corporation Name
SOUTH FLORIDA GOLF TOUR INC.

Principal Place of Business
912 E PONCE DE LEON BLVD
#3
CORAL SPRINGS FL 33134
US

Mailing Address
912 E PONCE DE LEON BLVD
#3
CORAL SPRINGS FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1994

4. FEI Number
65-0515688

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 16799 NW 19 Court
23 City & State
Pembroke Pines, FL
24 Zip 33028 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 16799 NW 19 Court
28 City & State
Pembroke Pines, FL
29 Zip 33028 30 Country USA

9. Name and Address of Current Registered Agent

WOODCOCK, WARREN
912 E PONCE DE LEON BLVD
#3
CORAL SPRINGS FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

Warren Woodcock

April 15, 1999

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D EUBANKS, THOMAS L	197 RIVERSIDE DR., #312	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Warren Woodcock	16799 NW 19 Court	Pembroke Pines, FL 33028	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Woodcock

April 15, 1999 954-442-399

CR2E034 (1/1/98)