FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/95--01058--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000063686 (7)

1. Corporation Name
S & R DISCOUNT GOLF, INC.

Principal Place of Business
539 NE 6TH AVE.
DELRAY BEACH FL 33483

Mailing Address
539 NE 6TH AVE.
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/25/1994

3a. Date of Last Report:

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 65-0516821 — Applied For / Not Applicable

Suite, Apt. #, etc (22) — Suite, Apt. #, etc. (27)

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

City & State (23) — City & State (28)

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

Zip (24) Country (25) — Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD.
SUITE 4100
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN R. MILLER	1.2 NAME	
STREET ADDRESS	8670 KIMBLE WAY	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON 33433	1.4 CITY ST ZIP	
TITLE	V.PRES., SEC.	2.1 TITLE	☐ Change ☐ Addition
NAME	RALPH BEVILACQUA	2.2 NAME	
STREET ADDRESS	9707 NINEN RIVER CANAL RD	2.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL. 33324	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE	REMITTED BY MAY 1	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	T.S. 5/19/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 is added in connection with an address.

SIGNATURE: Ralph Bevilacqua V.P. Ralph Bevilacqua 4/4/95 305 430 8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0277001 CP