

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000003897 (2)

1. Corporation Name

GOLF INVESTMENTS, INC.



Principal Place of Business

**536 E. TARPON AVE., SUITE 5
TARPON SPRINGS FL 34689-4344**

Mailing Address

**536 E. TARPON AVE., SUITE 5
TARPON SPRINGS FL 34689-4344**

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3299525

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MASON & ASSOCIATES, P.A.
% JOSEPH C. MASON, JR.
17757 U.S. HIGHWAY 19 NORTH, SUITE 500
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

KEN MAURO

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

536 E. TARPON AVENUE

83

SUITE 5

84

TARPON SPRINGS

FL

85

**Zip Code
34689**

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.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D MAURO, ED**
STREET ADDRESS **536 E. TARPON AVE., SUITE 5**
CITY-ST-ZIP **TARPON SPRINGS FL 34689-4344**

TITLE ☐ DELETE
NAME **D MAURO, KEN**
STREET ADDRESS **536 E. TARPON AVE., SUITE 5**
CITY-ST-ZIP **TARPON SPRINGS FL 34689-4344**

TITLE ☐ DELETE
NAME **D LECOQ, PETER**
STREET ADDRESS **536 E. TARPON AVE., SUITE 5**
CITY-ST-ZIP **TARPON SPRINGS FL 34689-4344**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D MAURO, KEN** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **10620 ALCO PASS**
2.4 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **LECOQ, PETER**
3.3 STREET ADDRESS **1803 LENNOX RD. EAST**
3.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)