Applied For

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

DOCUMENT # P9500031931

D'RANGE GOLF, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

6610 U.S. HWY 1 FT PIERCE FL 34946 6610 U.S. HWY 1 FT PIERCE FL 34946

2a. Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90168 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/20/1995 4. FEI Number

21	*1	26			65-0583852	, No	t Applicable	
	uite, Apt. #, etc. Suite, Apt. #, etc.		•		5. Certifcate of Status Desired	\$8.75		
22	27				5. Certificate of Status Desired	Fee Re	quired	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	Мау Ве	
23		28			Trust Fund Contribution	Added 1	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible		
24	25	29 3	10		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	red Agent		
			81	Name				
NAROZANICK, JOHN 6610 U.S. HWY 1				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		. 85 Zip (Code	
				•		-L		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	-named corp	oration submits this statement for the purpos	e of changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	or Florida. Such change was aut itions of, Section 607.0505. Florid	norized by i la Statutes.	ine corporation	on's board of directors. I hereby accept the ap	Apominient as re	giatered	
ŭ		.,						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Agen	t signature require	d when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETĒ	1,1 TITLE			☐ Change	Addition	
NAME	NAROZANICK, JOHN		1.2 NAME					
STREET ADDRESS	6610 U.S. HWY 1		1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34946		1.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	NAROZANICK, CAROL		2.2 NAME					
STREET ADDRESS	6610 U.S. HWY 1		2.3 STREET	ADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34946	سر	- 2.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3 t TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	{		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
C/TY-ST-ZIP			4.4 CiTY-ST	-ZIP	_			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S1	r- ZIP				
OTT 1 OT ZIF		10. 16.1. gr	<u> </u>		Section 119.07(3)(i), Florida Statutes. I further	contification	eformation	

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes: Furner 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



7/99 561-464-4198

CR2E034 (11/98)