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

| | · · · · · · · · · · · · · · · · · · · | |
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| DOCUMENT# | P95000036221 | ··(6) |
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AMERICAN GOLF UNLIMITED, INC.

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90012 010 ***550.00

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| · | * | | | TANAN KUMI NIKU KAN | |
|---|---|--|--|------------------------------|--|
| Principal Place of Business | Mailing Address | · · · · · · · · · · · · · · · · · · · | | ONDE HALL BAR HEG | |
| 940 SE 4 Ct | 940 SE 4 Ct | | | | |
| Deerfield Beach FL | | ch Et 33/ | 1 / 1 | | |
| Double Double II | 22441 Decillera Dea | CIL ET 33 | DO NOT WRITE IN THIS SPACE | - | |
| | | | Date Incorporated or Qualifed | | |
| | · | | 05/04/1995 | | |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | 26 | | 65-0577962 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5 Additional Required | |
| City & State 3 Zip Country | City & State | | | 00 May Be led to Fees | |
| ¬¬ ' ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | F-7 | Country | 8. This corporation owes the current year Intangible | | |
| 24 25 | 29 30 | | Personal Property Tax. Yes No | | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| Gunderson, Jerry | | 81 Name | | | |
| 940 SE 4 Ct Deerfield Beach FL 33441 | | 82 Street Addr | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 | · · · · · · · · · · · · · · · · · · · | | |
| <u> </u> | | 84 City | ▶ 1 ' ' | ip Code | |
| Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the | 7.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authorize obligations of, Section 607.0505, Florida St | above-named corporation at the c | pration submits this statement for the purpose of changing in's board of directors. I hereby accept the appointment as | its registered registered | |
| SIGNATURE | | • | | | |
| Signature, typed or printed name of registe | red agent and title if applicable. (NOTE: Register | red Agent signalure required | when reinstating : DATE | | |

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. INDIE R | | | |
|-------------------|--|--------------------|---|------|
| 12, | | | required when reinstating DATE | į |
| TITLE | OFFICERS AND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | · · · · · · · · · · · · · · · · · · · | 1.1 TITLE | ☐ Change ☐ Addition | on |
| | Gunderson, Jerry | 1.2 NAME | İ | ĺ |
| STREET ADDRESS | 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 1.3 STREET ADDRESS | | j |
| CITY-ST-ZIP | Deerfield Beach FL 33441 | 1.4 CITY-ST-ZIP | | ì |
| TITLE | V □ DELETE | 2.1 TUTLE | ☐ Change ☐ Addition | on l |
| Name | Gunderson, Judy | 2.2 NAME | | į |
| STREET ADDRESS | | 23 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | Deerfield Beach FL 33441 | 2.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3 t TITLE | ☐ Change ☐ Additio | on i |
| NAME | | 3.2 NAME | , | |
| STREET ADDRESS | i | 3.3 STREET 4DORESS | | : |
| JTY-ST-ZIP | <u> </u> | : 3.4. CITY-ST-ZIP | | : |
| ITLE | ☐ DELETE | 4.) TITLE | ☐ Change ☐ Addition | |
| AME | | 4. 2 NAME | J Shange J Addition | |
| TREET ADDRESS | | 4.3 STREET ADDRESS | | |
| ITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TLE | ☐ DELETE | SITULE | Change [**] Additio | : |
| WE | · | 52 NAME | [_] Change [_] Adulti) | |
| REET ADDRESS | | 5 3 STREET 400RESS | | |
| TY-ST-ZIP | | \$4 City, \$1, zip | | |
| LE , | ☐ DELETE | 61 THILE | [] Change [] Addition | |
| ME | | 6.2 NAME | Cheminia 1º Facilita | • |
| REFADORESS | | ASTREET ADDRESS | | |
| Y-\$1-ZIP | | 64 OTY 57-7P | | |
| 1 Characteristics | and a standard standa | | | |

I hereby cently that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (34). 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 507. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or on an estaphical with an address, with all other like empowered.

IGNATURE:

DATE

Ph. (954) 428-3656