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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000036427 (9)

TAG GOLF MANAGEMENT INC.

Principal Place of Business Mailing Address

FILED Feb 06 1997 8:00am Secretary of State



9422 S.W. 140 Miami FL 3318		9422 S.W. 140 COURT MIAMI FL 33196-1281 US						
US		US		05/0	Incorporated or Qualified 09/1995	3a. Date of 02/20/1		aport
	lace of Business	2a. Mailing Address		4. FEI N			Ap	plied For
21 2010	Alamanda Drive	26 2010 Alan	is as her	<u>ve 11</u>	-3217565		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc. 27 City & State		5. Certi	ficate of Status Desired	, , , , , , , , , , , , , , , , , , ,	3.75 A Fee Re	Additional equired
City & State	th Miani, FL	iami, FL	Trust	ion Campaign Financing Fund Contribution		Added I	May Be lo Fees	
24 33	181 25 USA		Country 30 USA	Florid		☐ Yes ☐ No		199.032,
	9. Name and Address of Curren	t Hegistered Agent	81 Name	JU. Nam	e and Address of New Re	ogisterea Agen	<u></u>	
9422 S.W. 140 COURT 82 Street				Address (P.O. B	ddress (P.O. Box Number is Not Acceptable)			
			84 City	orth 1	Miami	FL 85	133	i X I
11. Pursuant office or ragent La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above-named uthorized by the corp rida Statutes.	corporation sub poration's board	mits this statement for the of directors. I hereby acce	purpose of changest the appointm	iging its ent as	s registered registered
SIGNATURE	~ 0 Ch	S Maci	2 ANDREW	1- Giblu	C.E.O.	1-28-9	<u> </u>	
	Signature typed or pointed name of registered age		Registered Agent signature	required when reinsta	ting) TONS/CHANGES TO OFFI	DATE	-0705	A 11.1A
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE	C.E.O.	IUNS/CHANGES TO OFFI	CERS AND DIRE		Addition
NAME	GIBLIN, MARIA A.	_ bluit	1.2 NAME	M	Dog a Car Oakly	ი 90 ~~	nongo	ragamon
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TOTLE		☐ DELETE	5.1 TIYLE			LLI (Anange	L Addition
NAME.			5.2 NAME					
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NAME		C. Detreit	6.2 NAME			٠ ب	·· warigu	
STREET ADDRESS			6.3 STREET ADDRESS					
			6.4 CITY - ST- ZIP					
CITY - ST - ZIP	<u> </u>		■ 0.4 (111 - 21 - ¥1.	1				

I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

ADDREU-G. bl. n 1-28-97 305-893-1637
Dayting Phone: