## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

**FILED** Jun 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000002223 (1) DOCUMENT #
1. Corporation Name HOLLYWOOD GOLF, INC. Principal Place of Business Mailing Address 7010 BARBOUR ROAD 7010 BARBOUR ROAD W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0643513 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 28 Zip Country Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yos 9, Name and Address of Current Registered Agent Name and Address of New Registered Ag 81 SMITH, LAWRENCE W ESQ. 701 U.S. HIGHWAY ONE 82 SUITE 402 N. PALM BEACH FL 33408 83 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. (NCHE Registered Agent signature required when reinstating) ed or properly have each transferred agent and title it air ple able DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE TITLE 1.1 TITLE ☐ Change Addition BALOGH, STEVEN L NAME 1.2 NAME 7010 BARBOUR ROAD STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GIZIENSKI, JOSEPH** NAME 2.2 NAME P.O. BOX 1, SAXONBURG BLVD. STREET ADDRESS 2.3 STREET ADDRESS **CURTISVILLE PA 15032** CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 31 TITLE CARGNONI, JACK NAME 3.2 NAME 5020 THOMAS RUN ROAD STREET ADDRESS 3.3 STREET ADDRESS OAKDALE PA 15071 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation of her review or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my page appears in Block 13 of Block 13 of the page o