


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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90008 004 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000002223</b>					
1. Corporation Name <b>HOLLYWOOD GOLF, INC.</b>					
Principal Place of Business <b>7010 BARBOUR ROAD W. PALM BEACH FL 33407</b>			Mailing Address <b>7010 BARBOUR ROAD W. PALM BEACH FL 33407</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1996</b>	
21		26		4. FEI Number <b>65-0643513</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>BALOGH, STEVE C/O HILLCREST COUNTRY CLUB 4600 HILLCREST DR HOLLYWOOD FL 33021</b>			81	Name <b>Balogh, Steve</b>	
			82	Street Address (P.O. Box Number is Not Acceptable) <b>7010 BARBOUR ROAD</b>	
			83		
			84	City <b>West Palm Beach</b>	85
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD <input type="checkbox"/> DELETE				
NAME	<b>BALOGH, STEVEN L</b>				
STREET ADDRESS	<b>7010 BARBOUR ROAD</b>				
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>GIZIENSKI, JOSEPH</b>				
STREET ADDRESS	<b>P.O. BOX 1, SAXONBURG BLVD.</b>				
CITY-ST-ZIP	<b>CURTISVILLE PA 15032</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>CARGNONI, JACK</b>				
STREET ADDRESS	<b>5020 THOMAS RUN ROAD</b>				
CITY-ST-ZIP	<b>OAKDALE PA 15071</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby 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 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:  **STEVE BALOGH**

2/2/99 561 848-0194

Date Daytime Phone #

0367128

CR2E034 (11/98)