

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013811 (0)

1. Corporation Name

SOUTH FLORIDA PROFESSIONAL GOLFERS ASSOCIATION T
OURNAMENTS, INC.

Principal Place of Business

10804 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

10804 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065-2632

3. Date Incorporated or Qualified

02/14/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number

65-0647770

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARRONE, KEVIN J
10804 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WHALEY, BILL
STREET ADDRESS 10804 WEST SAMPLE ROAD
CITY - ST - ZIP CORAL SPRINGS FL 33065
☒ DELETETITLE D
NAME NELSON, JOHN
STREET ADDRESS 10804 WEST SAMPLE ROAD
CITY - ST - ZIP CORAL SPRINGS FL 33065
☐ DELETETITLE D
NAME ARTHUR, MIKE
STREET ADDRESS 10804 WEST SAMPLE ROAD
CITY - ST - ZIP CORAL SPRINGS FL 33065
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Marrone, Kevin J
1.3 STREET ADDRESS 10804 West Sample Rd
1.4 CITY - ST - ZIP Coral Springs, FL 33065
☐ Change ☒ Addition2.1 TITLE V/ST
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☒ Change ☐ Addition3.1 TITLE P
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☒ Change ☐ Addition4.1 TITLE Josephson, Lynn
4.2 NAME 4650 25th Ct SW
4.3 STREET ADDRESS Naples, FL 34116
4.4 CITY - ST - ZIP
☐ Change ☒ Addition5.1 TITLE McEllon, Mike
5.2 NAME 8665 Juego Hwy
5.3 STREET ADDRESS Boca Raton, FL 33433
5.4 CITY - ST - ZIP
☐ Change ☒ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Kevin J. Marrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

Date

954 752-9299

Daytime Phone #

CR2E034 (9/96)