Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90061 038 \*\*\*150.00

## 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

## DOCUMENT # P9600030851 1. Corporation Name

CK GOLF, INC.

Principal Pla	ce of Business	Mailing Addres	Mailing Address				( (\$\$U(\$B)	
13513 SW 62 ST			13513 SW 62NE	13513 SW 62ND ST				
2			2	2 MIAMI FL 33183				DO NOT WRITE IN THIS SPACE
MIAMI FL 33183			MIAMI FL 33183 US					3. Date incorporated or Qualifed
US			03					04/02/1996
2 Principal	Place of Busines	· e	2a. Mailing Add	dress				4. FEI Number Applied For
2. Philicipal 21	Flace of Busines	<u> </u>	26				65-0672477 Not Applicable	
Suite, Ap	t. #. etc.		Suite, Apt, #, etc.				\$8.75 Additional	
22		<u>├</u> ─┐ ' '	27				5. Certificate of Status Desired — Fee Required	
City & State				City & State				6. Election Campaign Financing 55.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip Country			Zip	Zip Country				8. This corporation owes the current year Intangible
24	25	3]	29		30			Personal Property Tax.
	9. Name an	id Address of Ci	urrent Registered Agent	t				10. Name and Address of New Registered Agent
						81	Name	me
	RR, LINDA C		82 S			Street	eet Address (P.O. Box Number is Not Acceptable)	
135	513 SW 62 ST							
2						83		
MI/	AMI FL 33183					84	City	y 85 Zip Code
							-	′ FL   '
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 p		ed agent and title if applicable.	(NOTE:	_	gent	signature	ture required when reinstating) DATE
12.	T 55	OFFICER	S AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD		Ц	DELETE				- Sometings - Addition
NAME	KERR, CRIS				1.2 NAM			
STREET ADDRES		62ND ST #2					ADDRESS	ESS
CITY-ST-ZIP	MIAMI FL 3	3183		DELETE	1.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE	STD			DELETE	2.1 TITL			
NAME	KERR, LIND				2.2 NAM			
STREET ADDRES							ADDRESS	ESS
CITY-ST-ZIP	MIAMI FL 3	3183		DELETE	2. 4 CiT		r-ZiP	Change Addition
TITLE	VPD		<i>&gt;</i>	DELETE	3.1 TITL			
NAME	KERR, MICH				3.2 NA			
STREET ADDRES					1		ADDRESS	ESS .
CITY-ST-ZIP	MIAMI FL 3	3183		DELETE	3.4. CIT		r-zip	☐ Change ☐ Addition
TITLE			L.J	UELETE	4.1 TITL			Change   Addition
NAME					4. 2 NA			
STREET ADDRES	ss				1		ADDRESS	ESS
CITY-ST-ZIP	ļ			DCI CTC	4.4 CIT	_	-ZIP	☐ Change ☐ Addition
TITLE			Li	DELETE	5.1 TiTL			E Change   Addition
NAME					5.2 NAM			
STREET ADDRES	ss						ADDRESS	ESS
CITY-ST-ZIP					5.4 CIT		-ZIP	
TITLE				DELETE	6.1 TITI			☐ Change ☐ Addition
NAME	1				6.2 NAM	ΜE		

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 chapter 607 and attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP