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 # 1. Corporation Name P96000049763

WESTERN GOLF OF PENSACOLA, INC.

Principal Place of Business 7711 E. GREENWAY RD. SCOTTSDALE AZ 85260

Mailing Address

7711 E. GREENWAY RD. SCOTTSDALE AZ 85260

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90013 002 ***150.00



DO NOT WRITE IN THIS SPACE

	inal Dt.				 Date Incorporated or Qualife 		PACE
21	ipal Place of Business	2a. Mailing Addre			06/11/1996	3 0	
	A-4 //	26	58		4. FEI Number		
J Suite,	Apt. #, etc.	Suite, Apt. #, e			I		Applied For
2	 _	Suite, Apt. #, 6	etc.		58-2247451		Not Applicab
City &	State				5. Certifcate of Status Desired		\$8.75 Additional
		City & State					Fee Required
Zip	Country	28			6. Election Campaign Financing		
	25	Zip	Co	ountry	rust Fund Contribution	ĻJ	\$5.00 May Be
	9. Name and 4.44	29	30		This corporation owes the cur Personal Property Toy	rant	Added to Fees
		29 of Current Registered Agent					
C	T CORPORATION SYSTEM	ALLUAR TO		81 Name	10. Name and Address of New I	Pagist	Yes □No
MEST	SUL SULLIFORNIE 19	M		81 Name		registered Age	nt
DI.	200 SOUTH PINE ISLAND	ROAD WAS A		82 Street Add			
F	LANTATION FL 33324	•		Older Add	ress (P.O. Box Number is Not Accepta	ible)	
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				<u>L_L</u>		1 21 1 4 1 1 2 11 2 11 2 11 2 11 2	रिवरिकार के किया गर्न (ईवा
Pursua	Dt to the error			84 City			
office o	r registered agent or both	607.0502 and 607.1508. Florida C	tatuton "		pration submits this statement for the pin's board of directors. I hereby accept	85	Zip Code
agent. I	am familiar with, and accept the	he obligations of Such change w	acutes, the at	ove-named corpo	oration submits this statement for the	<u> </u>	
NATUR	E	no obligations of, Section 607.0505	, Florida Statu	tes.	n's board of directors. I hereby accent	ourpose of chang	ing its registered
	Signature, typed or printed name of reg	alota			чосері	me appointmen	t as registered
		istered agent and title if applicable. (if	NOTE: Registered A	oent signature	when reinstating)	•	
	DP	ERS AND DIRECTORS	13.	gont signature required	when reinstating):	DATE	
	,	☐ DELETE			ADDITIONS/CHANGES TO OFFI	CERS AND DIE	
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bereby 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 dicated 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 ock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.