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

Mailing Address

US

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ONE 7TH AVENUE NORTH

LAKE WORTH FL 33460

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078003

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

ONE 7TH AVENUE NORTH

LAKE WORTH FL 33460

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Zip

WATERSIDE GOLF SHOP, INC.

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)						
				<u> </u>						
		_	84		No. 20 Cess	F	L			
	to the provisions of Sections 607.0502 and 607 ogistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, S				rporation submits this statem tion's board of directors. I he	ent for the purpose ereby accept the app	of changing its regionitment as regi	egistered istered		
SIGNATURE		NOTE: D	poistered Agen	nt signature requir	ired when reinstating) : , O 354	DATE				
	Signature, typed or printed name of registered agent and title if an OFFICERS AND DIRECT		13.	it signiture roqui	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTOR	RS IN 12		
12.		DELETE	1.1 TITLE		£3.866 18 8		☐ Change	☐ Addition		
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NAME	HEPLER, TIMOTHY			TADDRESS) <u>.</u>	411.0				
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CITY-ST-ZIP	ATLANTIS FL 33462	DELETE	2.1 TITLE	1-21			☐ Change	Addition		
TITLE		[] OCCUP	2.2 NAME							
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STREET ADDRESS				TADDRESS		•				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		<u>.</u>	Change	Addition		
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NAME			3.2 NAME							
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CITY-ST-ZIP	· •		4.4 CITY-S	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			• .	Change	☐ Addition		
NAME .			5.2 NAME				•			
STREET ADDRESS			5.3 STREE	TADDRESS				,		
CITY-ST-ZIP	5314		5.4 CITY-S	ST-ZIP	71.					
TITLE	11 11 11	☐ DELETE	6.1 TITLE				☐ Change	Addition		
NAME	April 1985		6.2 NAME					•		
			6.3 STREE	TADDRESS	•					
STREET ADDRESS			6.4 CITY-5							
CITY-ST-ZIP	certify that the information supplied with this filin	ng does not qualify for	40	tion stated in	n Section 119.07(3)(i), Florid	la Statutes. I further	certify that the in	nformation		
indicated	certify that the information supplied with this fill on this annual report or supplemental annual ru director of the corporation or the receiver or tru or Block 13 if changed, or on an attachment wi	stee empowered to ex	ecute this	report as rec	guired by Chapter 607, Flori	errect as it made to da Statutes; and that	inger oath; that i it my name appe	ears in		

Country

Name

30

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90004 046 ***150.00

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/19/1996

65-0694385

4. FEI Number

	 -	

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable