

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 025 ***150.00

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DOCUMENT # P96000085513

1. Corporation Name

KINGS RIDGE GOLF CORPORATION

Principal Place of Business

700 N.W. 107 AVENUE
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

65-0718382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B ESQ.
700 N.W. 107 AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE D
NAME MILLER, LEONARD
STREET ADDRESS 700 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ DELETE

NAME BOLOTIN, IRVING
STREET ADDRESS 700 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE T ☐ DELETE

NAME MALCOLM, WAYNEWRIGHT
STREET ADDRESS 700 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME PEKOR, ALLAN J
STREET ADDRESS 700 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME MILLER, STUART A
STREET ADDRESS 700 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE AT ☒ DELETE

NAME MENOCAL, JUAN
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VS ☐ Change ☒ Addition
2.2 NAME McCain, David B.
2.3 STREET ADDRESS 700 NW 107 Avenue
2.4 CITY-ST-ZIP Miami FL 33172

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VB ☒ Change ☐ Addition
4.2 NAME Pekor, Allan J.
4.3 STREET ADDRESS 700 NW 107 Ave.
4.4 CITY-ST-ZIP Miami FL 33172

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME Miller, Stuart A.
5.3 STREET ADDRESS 700 NW 107 Avenue
5.4 CITY-ST-ZIP Miami FL 33172

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME Sierra, Kathleen E.
6.3 STREET ADDRESS 700 NW 107 Avenue
6.4 CITY-ST-ZIP Miami FL 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

(305)485-2070

Date

Daytime Phone #

CR2F034 (11/98)