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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90283 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087801

1. Corporation Name

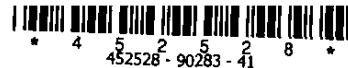
Golf Universe, Inc.

Principal Place of Business

285 Barcelona Road
West Palm Beach Fl. 33401

Mailing Address

285 Barcelona Road
West Palm Beach Fl. 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 4362 Northlake Blvd.

Suite, Apt. #, etc.

22 City & State
23 Palm Beach Gardens FL

24 Zip 33410 25 U.S.

2a. Mailing Address

26 4362 Northlake Blvd.

Suite, Apt. #, etc.

27 City & State
28 Palm Beach Gardens FL

29 Zip 33410 30 U.S.

4. FEI Number

65-0727766

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rene Von Richthofen
166 Everglades Avenue
Palm Beach, Fl. 33480

81 Name DON A. PARADISO P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
2072 South Military Trail (Suite 7)

83 City West Palm Beach FL

85 Zip Code 33415

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 Don A. Paradiso DON A. PARADISO 041499

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME Rene V. Richthofen
STREET ADDRESS 285 Barcelona Rd.
CITY-ST-ZIP West Palm Beach Fl. 33401

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME DR. Michael Mitchell
1.3 STREET ADDRESS 3 Tennis Court Road
1.4 CITY-ST-ZIP Mahopac, New York 10541

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

DATE

Daytime Phone #

CR2E034 (11/98)