

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90049 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P96000089043**

1. Corporation Name  
**KLAAS GOLF ENTERPRISES, INC.**

Principal Place of Business  
**889 PELICAN BAY BLVD.  
SUITE 303  
NAPLES FL 34108**

Mailing Address  
**889 PELICAN BAY BLVD.  
SUITE 303  
NAPLES FL 34108**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent  
**KLAAS, RALPH B  
889 PELICAN BAY BLVD.  
SUITE 303  
NAPLES FL 34108**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City

Signature of registered agent and title if applicable.  
**(RALPH B. KLAAS - President)**

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

|                                            | 13.       | 14.      | 15.                |
|--------------------------------------------|-----------|----------|--------------------|
| <input type="checkbox"/> DELETE            | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE            | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE            | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS |
| <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE            | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE            | 6.1 TITLE | 6.2 NAME |                    |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/29/1996**

4. FEI Number  
**59-3410738**

5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable

6. Election Campaign Financing Trust Fund Contribution ☐ \$8.75 Additional Fee Required

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No \$5.00 May Be Added to Fees

8. Date  
**1/4/98**

9. State  
**FL**

10. Zip Code  
**85**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                                   | 13.       | 14.      | 15.                |
|-------------------------------------------------------------------|-----------|----------|--------------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE | 6.2 NAME |                    |

CR2E034 (11/98)