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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089561 (0)

JUPITER GOLF ENTERPRISES, INC.

FILED Feb 04 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address						1,000,000	in 10110 Attit 6011) Aftit an)() EQ (D) (Q(* E	15101 51110 5110	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
104 OCEAN DI JUPITER FL 33		104 OCEAN DUNES CIR. JUPITER FL 33477-9101				•				
						3. Date Incom 10/31/19	porated or Qualified	3a. Da	ite of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numb	er _ (6 (-	Αp	oplied For
21		26				65-	070535			ot Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.			5. Certificate	of Status Desired			Additional	
22		27				_				equired
City & State	e	City & State					ampaign Financing	F-1	\$5.00	
23		28					Contribution		Added t	
Zip	Country	Zip	Cour	шу			ration has liability for	intangible XI Yes [. 199.032,
24	25 9. Name and Address of Current		30			Florida Sta	Address of New R			
ANY	SELICCHIO, MICHAEL A	negistorea regent		B1	Name	10. 1101110 411	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-Bioroi ora y	-90.11	
	OCEAN DUNES CIR.		L	_						
	PITER FL 33477			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
JUF	HEN FL 304//			83						
			-	84	City			FL	85 Zip (Code
11 Durauant	to the provisions of Sections 607.0502	and 607 1509 Florida Statuto	tho ab		namod corr	noration submite t	hic statement for the		obangina it	te registered
office or r agent 1 a	egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida Such change was autions of, Section 607.0505, Flor	thorized ida Statu	l by t ites.	the corpora	tion's board of dir	ectors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	d and the if applicable (NOTE)	Repetered	Aneni	t signature requi	ired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS			- Ng o	o gratore requi		CHANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	D DELETE ANGELICCHIO, MICHAEL A			1.1 TITLE				······································	Change	Addition
NAME				ME	1					ì
STREET ADDRESS	104 OCEAN DUNES CIR.		1.3 STF	1.3 STREET ADDRESS						
CITY-ST-ZIP	JUPITER FL 33477		1.4 CHYY-ST-ZIP							j
TOTLE	D	DELETE	21 111	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS					Change	Addition
NAME	HARRISON HOUGH, JOHN		2.2 NA]
STHEET ADDRESS	104 OCEAN DUNES CIR.		2.3 ST							
CITY - SI - ZIP	JUPITER FL 33477		2. 4 CITY - ST - ZIP		-ZIP		-			
TITLE		DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAI	ME			-			
STREET ADDRESS			3.3 \$17	REET A	DORESS					
CITY - ST - ZIP			3.4. CI	3.4. CITY-ST-ZIP			`	·····		
TITLE	DELETE 4.1		4.1 TIT	i.E					Change	Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REET A	DORESS					
CITY-ST-ZIP			4.4 CIT		- ZIP				T-10:	7 100
TITLE				TITLE					Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			53 ST	REET A	DDAESS					
CITY-ST-7P			5.4 CIT		- Z(P			····		·
TIFLE		☐ DELETE	61 TITLE						☐ Change	Addition
NAME			62 NA	ME						
STREET ADDRESS			6.3 ST	REET A	IDDRESS					
CITY-SI-7:P			6.4 CIT	Y-ST	ZIP					

14. I do 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 chynged, or on an attachment with an address.

SIGNATURE

MICHAEL A. ANGELICO HID 1/28/97 5616263677