CR2E034 (5/99)

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

**1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Sep 01, 1999 8:00 am Secretary of State

Date

Daytime Phone #

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	Principal Pi	rincipal Place of Business					2a. Mailing Address					1	FEI Number		-	<del></del>	lied For Applicab	
21	Suite, Apt.	# etc			26	Suite, Apt. #, etc.							65-0713185		\$8.7		ditional	
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23	•	-				28							Trust Fund Contribution			led to	•	
	Zip	Country				Zip			Country			8.	. This corporation owes the curr	ent year				
24		25			29							Intangible Personal Property. Yes No						
	9. Name and Address of Current Registered Agent											10	. Name and Address of New F	Deserginger	Agent			
BOYLES, WILLIAM A																		
201 EAST PINE STREET										Street Address			P.O. Box Number is Not Accepta	able)				
SUITE 1200																		
ORLANDO FL 32801									83						·11	<del></del>	<del></del> _	
									84	Cit	1			FL	85	Zip Co	ode	
11	- Pursuant	to the provi	sions o	f sections 607.050	02 and 6	07.1508, F	orida Statut	es, the	above-	name	d corpor	ration	submits this statement for the pr	irpose of ch	anging it	s regi	stered	
}	office or	redictored a	aent a	r both, in the Stated accept the obliq	e of Flor	ida Such d	:hange was	authoriz	zea nv	the (	crporatio	on's t	poard of directors. I hereby accept	ot the appoi	ntment a	s regi	stereo	
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		Signature, types	or printe	d name of registered ag			(N			gent si	pnature requ		hen reinstating)	DATE	ם מימיני	2700	Ć IN 43	
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	indicated of an officer of	on this annu- or director o	al repo f the co	rt or supplements	l annual eceiver	i report is tr or trustee e	ue and accu impowered i	urate an	d that	mv s	ianature	shall	have the same legal effect as if d by Chapter 607, Florida Statute	таде илде	er oath: tr	natla	ım	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATURE:



Pembroke Pines Professional Centre 9050 Pines Blvd. #450 Pembroke Pines, FL 33024 (954) 450-9906 FAX (954) 450-9908 E-mail fransonph@earthlink.net

August 24, 1999

Secretary of State Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

My name is Paul Franson and I am the accountant for the Will Neel Golf Academy, Inc. (65-0713185). The Academy moved to California during the year and did not receive the Annual Corporate Report. Please find enclosed the \$150 annual filing fee.

If I can provide any further information, please contact me at the phone numbers above.

Helping Small Businesses Succeed Financially.