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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED

99 OCT 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044002**

1. Corporation Name
STRAIGHT DRIVE, INC.

Principal Place of Business	Mailing Address
9400 SW 130TH AVE. MIAMI FL 33186	9400 SW 130TH AVE. MIAMI FL 33186

5/19/99 90022/001 #150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1997

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number
APPLIED FOR SEE pg. 2
☐ 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

WEITZMAN, JACK L
11420 SW 109 RD.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: JAMES W. HALL
82 Street Address (P.O. Box Number is Not Acceptable): 9400 S.W. 130th Ave.
83
84 City: Miami FL 85 Zip Code: 33186

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] James W Hall 4-26-99
(Signature for entity 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, JAMES	1.2 NAME	
STREET ADDRESS	9400 SW 130TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	LS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

65-0936028

(2)

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
STRAIGHT DRIVE, INC.

2 Trade name of business, if different from name in line1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
9300 SW 130th Ave

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
MIAMI, FLA 33186

5b City, state, and ZIP code

6 County and state where principal business is located
DADE / FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (see instructions.) ▶ 483 50 5925
James W. HALL, Pres.

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ___
- ☐ Other (specify) ▶ ___
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) [redacted] C
- ☐ Federal government/military
- (enter GEN if applicable) ___
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

8b If a corporation, name of state or foreign country (applicable) where incorporated ▶ | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ Golf Course
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ___
- ☐ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☐ Other (specify) ▶ ___

10 Date business started or acquired (Mo., day, year) (See instructions.) 5-19-97

11 Enter closing month of accounting year. (See instructions.) 12 (DEC)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ NONE AS YET

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	0		

14 Principal activity (See instructions.) ▶ OWNERSHIP OF GOLF RANGE AND COURSE

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicants' legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (incl. area code): 305 386 5533 Ext P

Name and title (Please type or print clearly.) ▶ Pres.

Signature ▶ JAMES W. HALL, President Date ▶ 7-23-99

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

(3)

University Country Club

To whom it may concern:

I received the enclosed Reinstatement application for Straight Drive, Inc. However, this corporation annual report was filed timely. I enclose the original form filed as return reciept showing reciept by the Dept of State on 5-5-99. We sent numerous filings in the same package. The original form was signed 4-26-99. A second notice on Straight Drive, Inc. was received. My secretary Judi Amaro called 7-23-99 and was informed by Leslie at the Dept of State that two ID#'s were needed - one for Straight Drive, Inc. and one for Golf One America, Inc. See note of Ms Amaro to me attached. On 7-23-99 I faxed to the IRS the SS-4 for both. Shortly after I got the ID#'s. See SS-4 and IRS Fax of 8-6-99. That same day Ms. Amaro called Leslie and gave her the #'s. I heard her do it. Golf One apparently had no problem. I am sure your records show Straight Drive, Inc. to O.K. too. Please advise. — James W. Hall

9400 S.W. 130th Avenue • Miami, Florida 33186 Mobile # 3056945867
Main:(305) 386-5533 • Fax:(305) 382-6318 • Catering Dept.(305)386-2047 • Fax:(305)387-5167