

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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90050 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000056149**

1. Corporation Name  
**FONSECA'S GOLF SERVICES, INC.**



Principal Place of Business 1253 UNIVERSITY DR. #203 CORAL SPRINGS FL 33071	Mailing Address 1253 UNIVERSITY DR. #203 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2610 Sportplex Dr.</b> Suite, Apt. #, etc. 22 <b>Coral Springs, FL</b> City & State 23 <b>33065 Broward</b> Zip Country		2a. Mailing Address 26 <b>2610 Sportplex Dr.</b> Suite, Apt. #, etc. 27 <b>Coral Springs, FL</b> City & State 28 <b>33065 Broward</b> Zip Country		3. Date Incorporated or Qualified <b>06/25/1997</b>	
		4. FEI Number <b>65-0769430</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HART, REBECCA S**  
11945 ROYAL PALM BLVD BLDG 17 #103  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2610 Sportplex Dr.</b>
83	
84 City	<b>Coral Springs FL</b>
85 Zip Code	<b>33065</b>

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, 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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>FONSECA, TOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>11945 ROYAL PALM BLVD., BLDG. 17, #103</b>	1.3 STREET ADDRESS	<b>2610 Sportplex Dr.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>HART, REBECCA S</b>	2.2 NAME	
STREET ADDRESS	<b>11945 ROYAL PALM BLVD., BLDG. 17, #103</b>	2.3 STREET ADDRESS	<b>2610 Sportplex Dr.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	2.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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.

SIGNATURE: **Rebecca S. Hart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-99 954-346-8**

Date Daytime Phone #