

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700063800

1. Corporation Name

GOLF HOLLYWOOD, INC.

Principal Place of Business Mailing Address							***************************************		
1600 JOHNSON STREET 8760 S.W. 160 ST									
HOLLYWOOD F	FL 33020	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE			
		US .	·		•	3. Date Incorporated or Qualifed			
					·	07/23/1997			
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number Applied For			
Z. Filitopare	lace of Busiless	⊢ ·				65-0775861	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
22		27	¬ '''			5. Certifcate of Status Desired	Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution St.00 May Be			
23	Country	Zip	Count	tn/				4 10 1 203	
Zip				u y		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	1	30			10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Kedizieled Agent		31	Name	TO. Manie and Addition of the stagester			
KOSLOW, ALAN B				<u> </u>	Traile				
3111 STIRLING ROAD			8	32	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
=	RT LAUDERDALE FL 33312		5	33					
			8	34	City		85 Zi	p Code	
agent. I a SIGNATURE	rm familiar with, and accept the obligati				signature required	when reinstation) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.		. agriatoro roquiros	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
TITLE	VD DELETE		1.1 TITLE				Chang		
NAME	LOTTES, DAVID M			1.2 NAME				1	
				1.3 STREET ADDRESS				Ì	
STREET ADDRESS	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		1)	
CITY-ST-ZIP TITLE	PSTD DELETE			2.1 TITLE			☐ Chang	e Addition	
				2.2 NAME					
NAME	WEITZEL, ALAN 1-8760 S.W. 160 ST.	المارة المسكورة المارة الم	2.3 STREET ADDRESS		ADODESE		-		
United AUDINERS				.4 CITY-ST-ZIP				İ	
CITY-ST-ZIP	MIAMI FL 33157		3.1 TITLE		1.715		☐ Chang	e Addition	
TITLE				3.2 NAME				_	
NAME					ADORESS				
STREET ADDRESS			1						
CITY-ST-ZIP				I.4. CITY-ST-ZIP			☐ Chang	e	
TITLE	_		4. 2 NAA					_	
NAME					ADORESS				
STREET ADORESS									
CITY-ST-ZIP			5.1 TITL	CITY-ST-ZIP			☐ Chang	e Addition	
TITLE	1	☐ nerete	5.1 HILL 5.2 NAM					,	
NAME					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		□ DELETE	5.4 CITY 6.1 TITE	-	-ZIP		☐ Chanc	ge Addition	
TITLE '								,- (
MARIE	4 4 5		6.2 NAM	-	1			,	

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90133 011 ***150.00