Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90037 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075578

1. Corporation Name

PARS JU	INIOR GOLF, INC.						
Principal Place of Business Mailing Address					1 18811881 (18 1811) (881) 89111 98111 88111	titli inni diene meite it	Tâti iŝil ias:
201 S.W. 1ST STREET SUITE 10 BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN T	NOT WRITE IN THIS SPACE	
500m mmorr /	2 00 102				3. Date Incorporated or Qualifed		
					09/02/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			NOT APPLICABLE	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Red	
City & State	e	City & State	_		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	5 Fees
Zip	Country	Zip	Country 30		This corporation owes the current year Personal Property Tax.		□No
24	25 Name and Address of Currer		30		10. Name and Address of New Registe		
Name and Address of Current Registered Agent				Name			
RALSTON, PHYLLIS A			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
201 SW 1ST ST, SUITE 10			L				
BOCA RATON FL 33432			83				
			84	City		FI 85 Zip C	ode
11. Pursuant office or nagent. I a	to the provisions of Sections 607.055 egistered agent, or both, in the State m familiar with, and accept the obligation of the control of the	of Florida, Such change was at ations of Section 607.0505, Flor	utnonzed by rida Statutes	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as reg	registered Jistered
12.	OFFICERS AND DIRECTORS 1			n oignatoro roquit	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	0	☐ DELETE 1.1 TI				☐ Change	Addition
NAME	RALSTON, PHYLLIS A		1.2 NAME				
STREET ADDRESS	201 S.W. 2ND STREET #10		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			□ Change	Modition.
NAME			2.2 NAME 	r ADÓDEGO 1		~	
STREET ADDRESS			2.4 CITY-5	· · · · · · · · · · · · · · · · · · ·	·		
CITY-ST-ZIP			3.1 TITLE	11-ZIF		Change	Addition
NAME			3.2 NAME				•
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-9	7-ZIP			
TITLE		☐ DELETE 4.1 T				☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			44 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			□ change	☐ Add@oll
NAME			5.2 NAME 5.3 STREET	T ADDRESS			
STREET ADDRESS			5.3 STREE 5.4 CITY-S				
CITY-ST-ZIP			0.4 OH 14 S	1 21			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition

CR2E034 (11/98)