


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90064 018 \*\*\*150.00

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

**DOCUMENT # P97000084510**

1. Corporation Name

**LIGHTNING GOLF PROMOTIONS, INC.**

Principal Place of Business

**2000 E OAKLAND PARK BLVD SUITE 106  
 FT LAUDERDALE FL 33306**

Mailing Address

**2000 E OAKLAND PARK BLVD SUITE 106  
 FT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> <b>Suite 101</b> <b>23</b> City & State <b>24</b> Zip <b>25</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> <b>Suite 101</b> <b>28</b> City & State <b>29</b> Zip <b>30</b> Country		<b>3. Date Incorporated or Qualified</b> <b>09/29/1997</b>	<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LURIE, ANTONY S**  
**2000 E OAKLAND PARK BLVD SUITE 106**  
**FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

**81 Name** **Michael R. Cozzo, Jr.**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2000 E. Oakland Park Blvd.**  
**83 Suite 101**  
**84 City** **Fort Lauderdale** **FL** **85 Zip Code** **33306**

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



(NOTE: Registered Agent signature required when reinstating)

**April 5, 1999**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>P</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>LURIE, TONY S</b> <b>STREET ADDRESS</b> <b>2000 E OAKLAND PARK BLVD SUITE 106</b> <b>CITY-ST-ZIP</b> <b>FT LAUDERDALE FL 33306</b>	<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>TITLE</b> <b>VP</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>VAN NOTE, THOMAS</b> <b>STREET ADDRESS</b> <b>2000 E OAKLAND PARK BLVD SUITE 106</b> <b>CITY-ST-ZIP</b> <b>FT. LAUDERDALE FL 33306</b>	<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>3.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3.2 NAME</b> <b>Michael R. Cozzo, Jr.</b> <b>3.3 STREET ADDRESS</b> <b>2000 E Oakland Park Blvd #101</b> <b>3.4 CITY-ST-ZIP</b> <b>Fort Lauderdale, FL 33306</b>	<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>4.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4.2 NAME</b> <b>U. President</b> <b>4.3 STREET ADDRESS</b> <b>Tom Chaille</b> <b>4.4 CITY-ST-ZIP</b> <b>2000 E Oakland Park Blvd 101</b> <b>Fort Lauderdale FL 33306</b>
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>

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 807, 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:


**3/27/99**  
 DATE

**854-564-7777**  
 Daytime Phone #

CRF034 (11/98)