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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

-				 	
DOCUMENT # P 97 0000 88 340					
Sŧ	L GOLF ENTER	prises, Inc	•		
Principal Place of Business Mailing Address					
7100 N. MILITARY TRAIL SAME				DO NOT WRITE IN THE	IC CDACE
PALM BEACH GARDENS FL 33410				DO NOT WRITE IN THE 3. Date incorporated or Qualified	S SPACE
				10-13-97	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26]		65-0794946	Not Applicable
Suite, Apt #. etc Suite, Apt 22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	8. This corporation owes or has paid the o	
24	[25]		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		81 Name	10. Name and Address of New Registere	o Agent
SINGER MICHAEL S. ESQ.				200	
701 NORTH POINT PARKWAY, SUITE 330 82 Street Address				ddress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407			84 City		85 Zip Code
44 5				F	L
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					
	am familiar with, and accopt the obliga	itions of, Section 607.0505, Flo	onda Statutes.		
SIGNATURE	Signature: Typed & proted name of registered ager	it and title Capplicable (NOTE	E. Higgistered Ager Leignature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TOLE	DP	☐ DELETE	1 9 TITLE		☐ Change ☐ Addition
NAME	SOUTH SOLEM	לע ו פד	1 2 NAME		
STREET ADDRESS	3507 SOUTHSIDE JACKSONVILLE FL		1 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VTSD	DELETE	1.4 C(TY-ST-7IP 2.1 T(TLE		Change Addition
NAME	LAWRENCE L. SU	BARMAN	22 NAME		
STREET ADDRESS	7100 N. MILITARY PALM BEACH GARDS	TRAIL	2 3 STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDE		2 4 CITY - ST - ZIP		
THILE		DELETE	3 1 TITLE		Change
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - 7IP		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	7000025049	Addition Addition
NAME			5.2 NAME	700002504! -04/29/9801014- ***150.00	-010
STREET ADDRESS			5 3 STHEET ADDRESS	***150.00	
CITY-SF-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ ☐ Addition
NAME		La DELLIL	62 NAME		_ Change C Modition
STREET ADORESS			63 STREET ADDRESS		73
			1 00 0 meet moon too		' 4.2%

64 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 suppliemental 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 trusted annowered 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 all address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-23-98 (56)842-710

FILED

Apr 28 1998 8:00am

Secretary of State

CR2E034 (10/9)