PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700094125

GOLF EQUITY SERVICES, INC.

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90108 039 ***150.00



Principal Place of Busil	ness	Mailing Audi	ess						
14515 HALTER RD.		14515 HALTE	R RD.						
WEST PALM BEACH FL 33414		WEST PALM BEACH FL 33414					,,	s.	
	r , J					NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated of	r Qualited		1	
	•				11/03/1997				
2. Principal Place of B	usiness	2a. Mailing A	Address		4. FEI Number		Ap	plied For	
21		26			65-0801904		No	t Applicable	
Suite, Apt. #, etc.		Suite, Ar	ot. #, etc.	<u> </u>	Conditions of Status	Desired	\$8.75	Additional	
22		27			5. Certifcate of Status	Desired 🖂	Fee Re	equired	
City & State		City & State			6. Election Campaign	Financing. —	\$5.00	May Be	
23		28			*	Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country	8. This corporation ow		naible		
¬ '	25	29	30	•	Personal Property T	•	☐Yes	Ď k lo	
24 O. No.	me and Address of Current				10. Name and Address		gent		
9. Na	ille allu Audress of Current	registered Age	3114	81 Name	IO. Italia dia rica				
CORPORATI	ON SERVICE COMPANY			1 1	goory Corn				
1201 HAYS STREET					gserv Corp.				
				Lakeview Avenue					
TALLAHASSEE FL 32301 ₇ 2525				83 17	h Floor				
						3	3401 50	Codo	
				84 ' W	est Palm Beach			Code	
11. Pursuan		_	Iorida Statutes, ti	be above-named co	propartion submits this statem	ent for the purpose of c	hanging its	registered	
office or Region	serv Corp. , \lambda		nange was autho	rized by the corpor	orporation submits this statem ation's board of directors. I he	reby accept the appoint	tment as re	gistered	
agent. i	1/2 / //	_ \	07.0505, Florida	Statutes.	•				
SIGNATURE By:	11		171	ark ivussdat	im, vice President	April 27	157 17		
			(NOTE: Regi	stered Agent signature req				NDC IN 12	
12.	OFFICERS AND		DELETT	13.	ADDITIONS/CHANG	ES TO OFFICERS AND	☐ Change		
TITLE D.		L		1.1 TITLE	NOW WILL	1-10-11			
	NA, BRUCE A			1.2 NAME	PATRICK J 222 LAKEVIOS WIST PATH B	0130FL00	7th AC	SOL	
STREET ADDRESS 1549	ENCLAVE CIR.			1.3 STREET ADDRESS	222 LAKEDIOD	HWENGE,	0011	.:. Y	
CITY-ST-ZIP WEST	PALM BEACH FL 33414			1.4 CITY-ST-ZIP	WIST PARM BI	mc It FI	<u> 3340</u>	1/	
TITLE D			☐ DELETE	2.1 TITLE		/	Change	☐ Addition	
NAME BRALE	EY, STEVEN D			2.2 NAME					
	HALTER RD.	•		2.3 STREET ADDRESS					
MECT	PALM BEACH FL 33414			2. 4 CITY-ST-ZIP				. [
	TALM DENOTTE SOFT	ſ		3.1 TITLE			Change	Addition	
TITLE				_					
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS				Ì	
CITY-ST-ZIP				3.4. CITY-ST-ZIP	• • •				
TITLE		(DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME				4.2 NAME				1	
STREET ADDRESS	: .			4.3 STREET ADDRESS					
CITY-ST-ZIP	•			4.4 CITY-ST-ZIP				ſ	
TITLE	-1-"		DELETE	5.1 TITLE			☐ Change	☐ Addition	
	• •	·		5.2 NAME	· · · · · · · · · · · · · · · · · · ·	•		Ţ	
NAME				5.3 STREET ADDRESS				-	
STREET ADDRESS									
CITY-ST-ZIP	<u> </u>			5.4 CITY-ST-ZIP			[] Change	Addition	
TITLE		1		6.1 TITLE			Change	☐ ¥œiiioii	
NAME				6.2 NAME	•				
STREET ADDRESS				6.3 STREET ADDRESS				ļ	
CITY-ST-7ID				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 by an an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick J. DiSalvo