PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90056 003 ***150.00

DOCUMENT#	P97000095817
. Corporation Name	. 0. 0000000

PUTTERS, INC.

Principal Place of Business

Mailing Address

 1444 - BELLI - BELLI - BELLI - BELLI	41181 18141 11411 1441 1441

240 SOUTH PINEAPPLE AVE SARASOTA FL 34236 SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
			11/07/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21	26		ARRITECTOR 65-0804036 Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State	-	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country 24 25	Zip Cou 29 30	intry	8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BAND, GREGORY S		81 Name			
1680 FRUITVILLE ROAD SUITE 102		82 Street Addre	32 Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236		83			
	_	84 City	FL 85 Zip Code		

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.

ayent. La	in tailinal with, and accept the obligations of	0000011 001:0000, 1 1011	an otoliatoo.		
SIGNATURE	Signature, typed or printed name of registered agent and title	Hunnicable (NOTE: 1	Registered Agent signature require	od when reinstating) DATE	·
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
	D OFFICERS AND DIKE	☐ DELETE	1.1 TITLE	Change	Addition
TITLE			12 NAME	_ ,	
NAME	BAND, DAVID S		1		j
STREET ADDRESS	240 SOUTH PINEAPPLE AVE		1,3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP		- A - I - I N
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	HANAN, LEWIS		2.2 NAME		
STREET ADDRESS	1830 S TUTTLE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		2, 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE -	. Change	☐ Addition i
NAME	LOEVNER, GERALD		3.2 NAME		
STREET ADDRESS	4077 FLAMINGO AVE		3.3 STREET ADDRESS		
CITY-\$T-ZIP	SARASOTA FL 34242		3.4. CITY+ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	EICHENBLATT, MARVIN		4. 2 NAME		
STREET ADDRESS	204 N TAMIAMI TRAIL		4.3 STREET ADORESS		
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CITY-ST-ZIP	·	
TITLE		□ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5,3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST_7IP			8.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Band

941-366-6660