## 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 # **P97000109200**1. Corporation Name

CITY-ST-ZIP

PGA HARBOUR INVESTMENT, INC.

Principal Place	e of Business	Mailing Address				
11300 US HIGH	-WAY 1	11300 US HIGHWAY 1		· · · · · · · · · · · · · · · · · · ·		
SUITE 203 SUITE 203					5.054.05	
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3			33408	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 12/30/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
21		26		65-0807585		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	5. Certifcate of Status Desired	<b>\$8:75</b> Ad	
22		27		3, Germone er canto besiret	Fee Req	uired
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 N	lay Be
23		28		Trust Fund Contribution	Added to	Fees_
Zip	Country	Zip	Country	<ol> <li>This corporation owes the current year In</li> </ol>		_
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	d Agent	
- FDV	DISTR. ALAN		81 Name			
	CKER, MAX		82 Street A	ddress (P.O. Box Number is Not Acceptable)	<del> </del>	
	00 US HIGHWAY 1		ou cour	odrobo (r. jo. box (jambo) jo vietni i objetnici)		
	TE 203		83			
j NOF	RTH PALM BEACH FL 33408					
			84 City	· FI	85 Zip Co	de
11 Pursuant	to the provisions of Sections 607 (	0502 and 607 1508 Florida Stat	utes, the above-named co	ornoration submits this statement for the nurnose of	of changing its re	egistered
l office or i	registered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the corpor	ation's board of directors. I hereby accept the appoint	ointment as regi	stered
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, F	ionda Statutes.			
SIGNATURE	Olympia de la contraction de l	need and title if continoble (MO)	TE: Registered Agent signature req	uired when reinstation) DATE	<del></del>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE	Nobilion of Indiana	☐] Change	Addition
į.	FRICKER, MAX		1.2 NAME		<del>-</del>	
44000 HC LHOUNAV 4 CTE 000			1.3 STREET ADDRESS			ľ
MODTH DALM PEACH EL 22409		•				
CITY-ST-ZIP	HONTI FALM BEACHTE 3	DELETE	1.4 CITY-\$T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		[] bereie	2.1 TITLE	•	□ enange	
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS	المرابع والمرابع المتعاوم فيتمانك بالمدرك		•
CITY-ST-ZIP			2. 4 CITY- ST- ZIP			T Addition
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			32 NAME	•.		Ì
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			ì
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			l
J CJJY-ST-ZIP						<u> </u>
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	. Addition
	1	☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition
TITLE NAME		DELETE			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADORESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 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.

6.4 CITY-ST-ZIP

SIGNATURE: H. Max Fricker, Apres

1/14/99 (561)625–1005

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90077 005 \*\*\*158.75