

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042574

1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90148 034 ***150.00

GOLF IM	IPROVEMENT CENTER, IN	Ú.						
Principal Place	e of Business	Mailing Address			$\neg \neg$		Dinte iinei eiii	
					(
340 NORTH HIGHWAY 1792 340 NORTH HIGHWAY 1792 LONGWOOD FL 32750 LONGWOOD FL 32750								
						DO NOT WRITE IN THIS	S SPACE_	
						3. Date Incorporated or Qualifed		
						05/08/1998		
2. Principal P.	2a. Mailing Address	Address			4. FEI Number		pplied For	
21		26				39-3301100		ot Applicable
Suite, Apt	#; etc	Suite, Apt. #, etc.	-Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
22		27						
City & State	City & State	e			6. Election Campaign Financing		May Be	
23 28						Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	-		8. This corporation owes the current year in		□No
24	25	29 30				Personal Property Tax. 10. Name and Address of New Registered	Yes	LINU
	9. Name and Address of Curre	nt Registered Agent	81	Name		10. Name and Address of New Registered	- Agent	
MIDT	NAAGE GARD		"	Hallie				
MIDTVAAGE, GARD 340 NORTH HIGHWAY 1792			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
			-					———
LON	GWOOD FL 32750		83					
			84	City			85 Zip	Code
	<u> </u>					F <u>I</u>	_ ; _	
office or r	registered agent, or both, in the State in familiar with, and accept the obliga-	e of Florida. Such change was autho ations of, Section 607.0505, Florida	nzed by Statutes	tne corp	oration	ation submits this statement for the purpose of s board of directors. I hereby accept the appointment of the purpose of the pu	intment as r	egistered
	Signature, typed or printed name of registered age		stered Age	it signature	required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.		OFFICERS AND DIRECTORS 13.				ADDITIONOS TANGLO TO GITTOLINO	Change	
TITLE	D CARD	□ Deceie	1.2 NAME					_
NAME	MIDTVAAGE, GARD				1			İ
STREET ADDRESS	5-16 (VOI)11 (II O.			ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	M		☐ Change	Addition
TITLE		O DELETE			1 **	STELL & MAINTHANCE	_	-
NAME		•.	2.2 NAME		24	ISTEN L MIDTVAAGE O NORTH HIGHWAY 1792		
STREET ADDRESS	 -			TADDRESS			•	
CITY-ST-ZIP		D OF ETE	2 4 CITY-5	ST-ZIP	LOI	ngwood FC 32750	☐ Change	Addition
TITLE		☐ DELĒTE	3.1 TITLE				□ onango	L] Addition
NAME			3.2 NAME					{
STREET ADDRESS			3.3 STREE	TADDRESS				Į
CITY-ST-ZIP			3.4 CITY-5	T-ZIP	ļ		Change	☐ Addition
TITLE	1		4.1 TITLE				☐ Change	
NAME			4. 2 NAME		ł			
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			Псь	☐ Addisine
TITLE		☐ DELETE	5.1 TITLE		-		Change	☐ Addition
NAME	[5.2 NAME		1			
STREET ADDRESS	ĺ			T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZI₽	↓			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME		ĺ			ĺ
STREET ADDRESS	ſ		6.3 STREE	TADDRESS	1			
STREET ADDRESS					1			· · · · · · · · · · · · · · · · · · ·

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 an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ie regtired