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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90091 007 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000065813

1. Corporation Name  
CINDY PIETRUSIK GOLF, INC.

Principal Place of Business  
925 NW 22ND AVE.  
DELRAY BEACH FL 33445

Mailing Address  
925 NW 22ND AVE.  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

65-0860102

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3600 S. CENTRAL AVE  
Suite, Apt. #, etc.

22

23 FLAGLER BEACH, FL  
City & State

24 32136 25 USA  
Zip Country

2a. Mailing Address

26 123 SCHOOL ST.  
Suite, Apt. #, etc.

27

28 LACKAWANNA, NY  
City & State

29 14218 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

PIETRUSIK, CINDY  
925 NW 22ND AVE.  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable) 3600 OCEAN SHORE BLVD #624  
83  
84 City FLAGLER BEACH FL 85 Zip Code 32136

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.

SIGNATURE *Cindy A. Pietrusik*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME PIETRUSIK, CINDY  
STREET ADDRESS 925 NW 22ND AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3600 S. CENTRAL AVE  
1.4 CITY-ST-ZIP FLAGLER BEACH, FLA. 32136

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cindy A. Pietrusik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

115-99 904-499-5723

CR2E034 (11/98)