. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091624

A.T.K. GOLF, INC.

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

05-19-1999 90022 001 *2,400.00



Principal Place	e of Business	Mailing Address	Mailing Address		[:		
9400 S.W. 130		9400 S.W. 130 AVENUE	•				
MIAMI FL 33186		MIAMI FL 33186				TUIO 00105	
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 10/23/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	\bowtie	Applied For
21		26	26				lot Applicable
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. Certifcate of Status Desired		Additional
22 27					5. Controlled by States Section 2		Required
City & State City & State					6. Election Campaign Financing		May Be
23					Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye		⊠No
24	25	29 30	D		Personal Property Tax.	☐ Yes	<u>≥3N0</u>
<u> </u>	9. Name and Address of Cu	rrent Registered Agent	8	I Noma	10. Name and Address of New Regis	terea Agent	
WEITZMAN, JACK L							
l .) SUNSET DRIVE		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
1	WI FL 33173						
IVILAR	AU I C 2011/2		8:	'			
			84	4 City		FL 85 Zip	Code
44.5	A the continue of Continue 607	0502 and 607 1509 Florida Statutes	the abov	to pamod corr	poration submits this statement for the purpo		ts registered
l office or n	egistered agent, or both, in the St	tate of Florida. Such change was autholigations of, Section 607.0505, Florida	nonzed b	y the corporati	on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE						ATE:	
	Signature, typed or printed name of registered	-9		ent signature require	ed when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	ATE DO AND DIDECT	OPS IN 12
12.	D	S AND DIRECTORS	13. 1.1 TITLE		AUDITIONS/CHANGES TO OFFICE	Change	
TITLE	HALL, JAMES		1.2 NAME		•		
NAME	9400 S.W. 130 AVENUE			ET ADDRESS			
STREET ADDRESS	MIAMI FL 33186						
CITY-ST-ZIP	WINTEN FL 33 100	☐ DELETE	1.4 CITY- 2.1 TITLE			☐ Change	Addition
TITLE		□ occeie	E .				
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2.4 CITY-			☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	,
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STRE	ET ADORESS			
CITY-ST-ZIP			3.4. CITY				A ⊒⊒is:
TITLE .		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMI	•			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STRE	ETADORESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u>_</u>		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
J. TILLET FILLENCE			6.4 CITY-	AT 715			

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; of on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED AND THE SIGNING OFFICER OF DIFFCTOR

4-26-99

3053865533 EXP

Daytime Phone

CR2F034 (11/9)