FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:14

DOCUMENT # S18900 (8)

1. Corporation Name
POMPANO PARK GOLF RANGE, INC.

Principal Place of Business	Mailing Address
1919 RACE TRACK RD POMPANO BEACH FL 33069 US	370 SE 14TH AVENUE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26 3510 N.W. 64TH CT
Suite, Apt. #, etc.
27
City & State
28 COCONUT CREEK, FL
Zip 29 33073 County 30 USA

4. FEI Number: ~~NOT APPLICABLE~~ 65-0233202 ☐ 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 has taken, for intangible tax levies $ 100,000 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRICKE, GERALD D.
8288 BARNYARD WAY
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3510 NW 64TH CT
83
84 City COCONUT CREEK FL 85 Zip Code 33073

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTSD ☒ Change ☐ Addition
NAME	FRICKE, GERALD D.	12 NAME	FRICKE, GERALD D.
STREET ADDRESS	8288 BARNYARD WAY	13 STREET ADDRESS	3510 N W 64TH CT
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	COCONUT CREEK FL 33073
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	CRISSY, HOWARD J.	22 NAME	CRISSY, HOWARD J
STREET ADDRESS	370 SE 14TH AVE.	23 STREET ADDRESS	DECEASED
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Gerald D Fricke GERALD D FRICKE 4-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
(305)968-8503
(Daytime Phone)

0102651 CP