## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$69972

(5)

Mailing Address

GOLF TOURNAMENT MANAGEMENT, INC.

**FILED** Feb 20 1997 8:00am Secretary of State



POST OFFICE MIAMI FL 3315		POST OFFICE BOX 592278 MIAMI FL 33159-2278					
1					3. Date Incorporated or Qualified 07/26/1991	3a. Date of L 03/08/19	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0295375		Applied For Not Applicable
Suite, Apt # etc 22		Suite. Apt. #, etc.	<b>├</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	е	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	der s. 199.032,
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	PPER, DAVID		61	Name			
770 S-71	0 N KENDALL DR. 10		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	***************************************
	MI FL 33158		83				
			84	City		FL 85	Zip Code
11. Pursuant	to the arovisions of Sections 60	7 0502 and 607 1508 Florida Statute	s, the above	named corr	poration submits this statement for the p	urnose of chance	ing its registered
office or r	egistered agent, or both, in the	State of Florida Such change was a obligations of, Section 607,0505, Florida (Control of Control of	uthorized by	the corpora	ition's board of directors. I hereby accep	t the appointme	nt as registered
	m raminar win, and accept the	onligations of, Section 607.0505, Fiol	nda Statutes.				
SIGNATURE	Separate typicate principalities of register	oer any et and tide d'anisticable (NOTE	. Registered Aper	t signature requi	ireo when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TILLE	PTD	DELETE	1.1 TITLE			Ch	ange Addition
NAME	DE LUCCA, CHARLES, JF	તે.	1.2 NAME				
\$TIBLE ADORESS	6840 LOCH NESS DR		1.3 STREET A	NDDAESS .	·		
CiTY+ST-ZiP	MIAMI LAKES FL		1.4 CITY-ST	- ZIP			
TITLE	VSD	DELETE	2.1 TITLE			Ch	ange Addition
NAME	SCHWARTZ, ALLAN		2.2 NAME				
STREET ADDRESS	4545 SW 94 COURT		2 3 STREET	ADDRESS			
CHY-ST-74	MIAMI FL		2 4 CiTY-S	r- zip			
FificE	☐ DELETE		31 TITLE	S1 TITLE Cha		ange 🔲 Addition	
NAME			32 NAME	ŀ			
STREET ADDRESS			3 3 STREET	ADDRESS			
CHY-St ZIP			3.4. CITY-S	-ZIP			
THILE		☐ DELETE	4.1 TITLE	Į		□ Ch	ange Addition
N4ME			4. 2 NAME	1			
STREET ACORESS			4.3 STREET	ADDRESS			
CHY-ST ZIP			4.4 CITY - ST	- ZIP			
TULLE .		DELETE	5.1 TITLE			☐ Ch	ange
NAME			5.2 NAME				
SUREET ADORESS			53 STREET	Į.			
CITY ST 7.2		No.	5.4 CITY - ST	- ZIP			and the second
Ti!LE		☐ DELETE	61 TITLE	1		∐ Ch	ange [] Addition
NAME			6.2 NAME	1			
STREET ADDRESS		•	6.3 STREET				
CHY-ST 20F		along the Along Pitter advanced to 1988.	6.4 CITY-ST		ed in Section 119 07(3)(i) Florida Statute	n I further east to	that the

The many charge that the information supplied with his billing does not quality for the exemption stated in section 1.13.07(5)(0). Find a statutes, further certify that the function 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 oriector 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 Brock 13 if changed, or option attachment with an address Lam an officer or pirector of appears in Block 12 or Block

**SIGNATURE:**