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CMS

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 97000107116 1. Corporation Name PLANET GOLF SHOP INC			
Principal Place of Business 1112 WESTON ROAD SUITE 25B WESTON FL 33326		Mailing Address 1112 WESTON ROAD SUITE 25B WESTON FL 33326	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12-22-97			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
4. FEI Number 65-0133538		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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent RONALD KALASE 9800 NE 5TH AVENUE ROAD MIAMI SHORES, FL 33138		10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 14 City 15 FL 16 Zip Code	
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 use if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 12.1 TITLE PTO 12.2 NAME RONALD KALASE 12.3 STREET ADDRESS 9800 NE 5TH AVENUE ROAD 12.4 CITY-ST-ZIP MIAMI SHORES, FL 33138		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP ☐ Change ☐ Addition	
12.5 TITLE SD 12.6 NAME JAMES IRVING 12.7 STREET ADDRESS 2500 GAYLE WATCH LANE 12.8 CITY-ST-ZIP WESTON, FL 33327		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP ☐ Change ☐ Addition	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP ☐ DELETE		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP ☐ Change ☐ Addition	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP ☐ DELETE		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP ☐ Change ☐ Addition	
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP ☐ DELETE		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP ☐ Change ☐ Addition	
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP ☐ DELETE		13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP ☐ Change ☐ Addition	
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP ☐ DELETE		13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP ☐ Change ☐ Addition	
12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-ST-ZIP ☐ DELETE		13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP ☐ Change ☐ Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/98 305 759 5252 Date Daytime Phone #	

CPE034 (10/97)

12/5/98