SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # F9700006133 (9) MAKE YOUR MARK GOLF ACCESSORIES, INC. Principal Place of Business Malling Address

FILED Jul 22 1998 8:00am Secretary of State

Principal Plac	e of Business	M	alling Address						HO BIIDI H	ara ini aa inii k	
1306 S.E. 46TH	I LANE	130	06 S.E. 46TH LANE								
CAPE CORAL FL 33904 CAPE CORAL FL 33904											
							DO NOT WRITE	IN THIS	SPACE		
							3. Date Incorporated or Qualified				ļ
2 Principal P	lace of Business	20	, Malling Address				11/19/1997 4. FEI Number			Applied For	
21	acc of pusinoss	26	, Maining Madrood				84-1316666			Not Applica	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	 			5 Additiona	
22		27	. , ,				5. Certificate of Status Desired	<u></u>		Required	'
City & Stat	te		City & State				6. Election Campaign Financing		\$5.0	O May Be	
23		28					Trust Fund Contribution			d to Fees	
Zip	Country		Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25	29		30		<u></u>	Personal Property Tax due June		Yes	∐ No	
	9. Name and Address o	f Current Regis	tered Agent				10. Name and Address of New Reg	istered A	gent		
	RCHE 8S AULT, TIM				81	Name					
	6 S.E. 46TH LANE				82	Street Addr	ess (P.O. Box Number Is Not Acceptable)			
CAP	E CORAL FL 33904				83						
				Í	84	City			85 Zi	p Code	
44 5					ᆜ	···		<u>FL</u>	ــاجــــــــــــــــــــــــــــــــــ		
office or	registered agent, or both, in t	he State of Flori-	da. Such change was a	authorized	d by t	the corporation	ration submits this statement for the purpo on's board of directors. I hereby accept the	ose ot cha ne appoint	nging its ment as	registered registered	
agent. I a	am familiar with, and accept t	he obligations o	f, section 607.0505, Fk	orida State	utes.					-	ļ.
SIGNATURE	Signature, typed or printed name of reg	interest east and title	it nunlicable /htt	OTE: Pagislas	rod Age	onl cianal vo ran	uired when reinstating)	DATE			
12.		ERS AND DIRE		13.	ed Age	an eignature rade			BIDEO	TORS IN 1	2 6
			CIURS				ADDITIONS/CHANGES TO OFFIC	ERS AND	UIKEC		
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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 suppliemental 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.

TIM MARCHESSAI

Tholas

941-541-0111

CR2E034 (5/98)