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

## **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H26879 GOLF AROUND THE WORLD, INC. Principal Place of Business Mailing Address 1396 N. KILLILAN DR. 564 GREENWAY DR. N. PALM BEACH FL 33408 INIT B LAKE PARK FL 33403 10/24/1984 26. Mailing Address 26. 1396 N. 2. Principal Place of Business 4 FEI Number KILLIAN 59-2463476 21 Suite, Apt. #, etc Suite, Apt. #, etc. 22 27

## FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing LAKE PARK 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 33403 24 Personal Property Tax due June 30. 🔀 Yes □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WIREN, GARY **564 GREENWAY DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) N. PALM BEACH FL 33408 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition WIREN, GARY NAME 1.2 NAME 564 GREENWAY DR. STREET ADDRESS 1.3 STREET ADDRESS N. PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE WIREN, IONE S. NAME 2.2 NAME 564 GREENWAY DR. STREET ADDRESS 2.3 STREET ADDRESS N. PALM BEACH FL CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WIREN, DANE M 3.2 NAME NAME 5546 GOLDEN EAGLE CIRCLE STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIFLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITL€ 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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, or or an attachment with an address.

SIGNATURE:

561-848-8846