


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J34571 1. Corporation Name GOLF GIFTS INC			
Principal Place of Business 685 KATEMORE LANE NAPLES, FL 34108		Mailing Address 685 KATEMORE LANE NAPLES, FL 34108	
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 30	
3. Date Incorporated or Qualified 9/19/1986		3a. Date of Last Report 1/25/96	
4. FEI Number 59-2720683		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SUSAN P. HARDT 685 KATEMORE LANE NAPLES, FL 33963		10. Name and Address of New Registered Agent 81 Name RICHARD B. PFEIL 82 Street Address (P.O. Box Number is Not Acceptable) 685 KATEMORE LANE 84 City NAPLES FL 85 Zip Code 34108	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Susan P. Coleman 3/31/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input checked="" type="checkbox"/> DELETE NAME SUSAN P. HARDT STREET ADDRESS 685 KATEMORE LN. CITY-STATE-ZIP NAPLES, FL 33963	1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SUSAN P. COLEMAN 1.3 STREET ADDRESS 8759 SAW MILL RUN BLVD. 1.4 CITY-STATE-ZIP PITTSBURGH, PA 15227	2.1 TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JAMES L. EBERT 2.3 STREET ADDRESS 115 E. WACKER DR #800 2.4 CITY-STATE-ZIP CHICAGO, IL 60601	
TITLE DV <input type="checkbox"/> DELETE NAME JAMES L. EBERT STREET ADDRESS 115 E. WACKER DR #800 CITY-STATE-ZIP CHICAGO, IL 60601	3.1 TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME RICHARD B. PFEIL 3.3 STREET ADDRESS 685 KATEMORE LN 3.4 CITY-STATE-ZIP NAPLES, FL 34108	4.1 TITLE DP <input checked="" type="checkbox"/> DELETE 4.2 NAME MARTORIE E. EBERT 4.3 STREET ADDRESS 640 E. HILLSIDE AVE 4.4 CITY-STATE-ZIP BARRINGTON, IL	
TITLE DS <input type="checkbox"/> DELETE NAME RICHARD B. PFEIL STREET ADDRESS 685 KATEMORE LN CITY-STATE-ZIP NAPLES, FL 34108	5.1 TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME MARTORIE E. EBERT 5.3 STREET ADDRESS 640 E. HILLSIDE AVE 5.4 CITY-STATE-ZIP BARRINGTON, IL	6.1 TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 900002139399 6.3 STREET ADDRESS -04/10/97--01077--015 6.4 CITY-STATE-ZIP ***61.25	
14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Susan P. Coleman SUSAN P. COLEMAN 3/31/97 800-884-0540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		CR2E037 (9/96)	