

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J69953**

(4)

1. Corporation Name

GARY PLAYER DESIGN COMPANY



Principal Place of Business

Mailing Address

**3300 PGA BLVD., STE 100
PALM BEACH GARDENS FL 33410**

**3300 PGA BLVD., STE 100
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **3930 RCA BLVD, STE 3001**

26 **3930 RCA BLVD, STE 3001**

4. FEI Number

59-2793025

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State

Palm BEACH GARDENS, FL

Palm BEACH GARDENS, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

25 Zip

Country

33410

USA

33410

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**APPLEGATE, JAMES R.
3300 PGA BLVD.,
SUITE 100
PALM BCH. GARDENS FL 33410**

81 Name

APPLEGATE, JAMES R

82 Street Address (P.O. Box Number is Not Acceptable)

3930 RCA BLVD, STE 3001

83

84 City

Palm BEACH GARDENS

FL

85 Zip Code

33410

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 **JAMES R. APPLGATE**

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

1-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **APPLEGATE, JAMES R.**
STREET ADDRESS **3300 PGA BLVD, STE. 100**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **APPLEGATE, JAMES R**
1.3 STREET ADDRESS **3930 RCA BLVD, STE. 3001**
1.4 CITY-ST-ZIP **Palm BEACH GARDENS, FL 33410**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JAMES R. APPLGATE, PRESIDENT** **1-25-96** **407/624-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)