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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J82452

(0)

DOCUMENT #

FLORIDA GOLF SALES, INC.

Principal Place C 104 LEXINGT ROYAL PALM		Maiing Address 104 Lexington Plac Royal Palm BCH FL			3. Date incorrecated or Qualified 3	a. Date of as	t, Report
					0,1,0,1,00	01/13	1995
2. Principal Plac	ne of Business	2a. MgDa Adelicss			4. FEI Number 2823680		Applied For
1		26 KU. BOX 210024		33 23333		Not Applicable	
Surte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired [, ,	\$8.75 Additional Fee Required	
City & State		28 ROYAL PALM	n BCH	Fl.	6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Z(p)	Country 25	^{Z_{1D}} 33421	Country 30	í	8. This corporation has liability or inta Florida Statutes	•	rs 199.032,
T.A.L	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
55001			81	Name			
BROCHU, ALFRED 104 LEXINGTON PLACE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	PALM BEACH FL 33411		83	;			
			84	City		FL 85	Zip Code
SIGNATURE	n, and accept the obligations of, Sec agrana, typed or point a name of registered agr	ncar e tote if applicable (NO)		est signature re	Qured when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.	r	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
THE	BROCHU, ALFRED	DELETE	1, 1 TITLE	i	SECRETARY BARBARA BROCHI 104 LEXINGTON PLI ROYAL PALMBOH,	Chan	ge Addressi
NAME	104 LEXINGTON PLACE		1.2 NAME	T ADDRESS	BARBARA BROCH	<i>U</i> =	
STREET ADDRESS O TY-S1-7/P	ROYAL PALM BEACH FL		14 CITY-		POURL DATE BOW	FL 33	411
TIPLE		DELFIE	2 1 TITLE		KNAS THEIR CHA	☐ Chan	ige Addition
NAME			2.2 NAME	ĺ			
STHEET ACORESS			2 3 STREE	1 ADORESS			
CHY-ST-ZIP			2 4 CITY-			Char	on F3 Addition
3.1.6		DEFE LE	3 1 11116			☐ Chan	nge Addition
NAMI			3.2 NAME	ET ADDRESS			
STRUFF ADDRESS			3.4 CITY	1			
THUE		☐ DELETE	4 1 THILE			Chan	ige 🔲 Addition
NAME:		-	4 2 NAME				
STREET ADDRESS			4 3 STREE	T AUDRESS			
CIY-SI ZP			4.4 CITY				
TITLE		DELETE	5 1 TITLE	I		☐ Chan	nge 🔲 Addition
NAME			5 2 NAME				
STREE! ADDRESS			1	T ADDRESS			
CHY-ST ZIF		DELETE	5 4 CITY - 6 1 TITLE			Char	nge 🔲 Addition
THILF			6 2 NAME				
NAMI SEREET ADDRESS				ET ADDRESS			
City St Zift			6 4 CITY	- 1			
SHE SELECT	L				life for the exemption stated in Section 110.07	1/2)/W Elocido St	atutes I further

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:

ICER OR DIRECTOR ALFRED BROCHU 2-5-96 (407)790-5253

CR2E034 (12/95)