

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

FILED

Mar 19 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # J82452 (0)
1. Corporation Name
FLORIDA GOLF SALES, INC.

Principal Place of Business
104 LEXINGTON PLACE
ROYAL PALM BCH FL 33411

Mailing Address
P O BOX 210024
ROYAL PALM BCH FL 33421
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 1500 VISION DRIVE Suite, Apt. #, etc. 22 D City & State 23 PALM BEACH GARDENS, FL Zip 24 33418 Country 25 USA | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 07/10/1987 | |
| | | | | 4. FEI Number 59-2823680 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent BROCHU, ALFRED 104 LEXINGTON PLACE ROYAL PALM BEACH FL 33411 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|------------------------------|
| TITLE | PD | 1.1 TITLE | |
| NAME | BROCHU, ALFRED | 1.2 NAME | |
| STREET ADDRESS | 104 LEXINGTON PLACE | 1.3 STREET ADDRESS | 1500 VISION DRIVE, APT D |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | 1.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | S | 2.1 TITLE | |
| NAME | BROCHU, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 104 LEXINGTON PLACE | 2.3 STREET ADDRESS | 1500 VISION DRIVE, APT D |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | 2.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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 any address.

SIGNATURE: Alfred F. Brochu, Alfred F. Brochu Pres 3-9-98 (561) 625-5420

CP2E034 (10/97)