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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05202

1. Corporation Name

GOLF SHOES UNLIMITED, INC.

	e of Business	Mailing Address									
PROMENADE SHOPPING PLAZA 9910 ALTERNATE A1A. SUITE 701 PALM BEACH GARDENS FL 33410		PROMENADE SHOPPING PLAZA 9910 ALTERNATE A1A. SUITE 701 PALM BEACH GARDENS FL 33410				DO NOT WRITE IN THIS SPACE					
FALM DEACH	CANDENS FL SOUL	FALM DEACH GARDENS FL	. 33410			3. Date Incorpora			STACE		_
	· · · · · · · · · · · · · · · · · · ·					07/27/1989		<u> </u>		<u> </u>	
2. Principal F	Place of Business	2a. Mailing Address			· ·	4, FEI Number				Applied For	
21		26				65-013956	4		П	Not Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·		والمعالمة الما		\$8.7	5 Additional	
22		27				5. Certificate of S	tatus Desired			Required	
City & Sta	e	City & State				6. Election Camp	aion Financino		\$5.0	0 May Be	ヿ
23		28				Trust Fund Co		' D		ed to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation	n owes the cu	rrent year in	tangible		┪
24	25	29	30	•		Personal Prop			Yes	□No	1
1	9. Name and Address of Current		<u> </u>			10. Name and Ad	 _	Registered	Agent	-	寸
	L NO CHANGE			81 N	ame i						╗
, CR/	FT, DAVID W.					·		· .			_
하네. 341	N DIXIE HWY			82 S	reet Addre	ess (P.O. Box Numbe	r is Not Accep	itable)			ļ
WES	ST PALM BEACH FL 33407		-	83		175, 31, 3	· AL ALIA · ALIANA· · BENCENE · D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	긤
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11 Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 1508, Florida Statute	s, the ab	ove-na	med corpo	pration submits this st	atement for the	e purpose of	changing	its registered	
office or i		Fiorida, Such change was all	inonzen	by the	corporation	n's board of directors	. I nereny acce	ant ine anno	ınımeni as	reasteren	
office or i	m familiar with, and accept the obligation	nonda. Such change was au ons of, Section 607.0505, Flori	tnonzed da Statu	by the tes.	corporation	n's board of directors	. I nereby acce	ept the appoi	intment as	registered	
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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 an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

塑作品质和运气

☐ DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90008 027 ***150.00

☐ Change

Addition