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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

14. I hereby certify that the in indicated on this annual re

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

L93630

PRO GOLF DISCOUNT OF CLEARWATER, INC.

Principal Place of Business Mailing Address					i (ABLIALI DIS INISO LINE SILAN ILLIN ABLI A	
2881 A GULF TO BAY BLVD. CLEARWATER FL 34619		2881 A GULF TO BAY BLVD. CLEARWATER FL 34619		DO NOT WRITE IN	N THIS SPACE	
					3. Date incorporated or Qualified	
					08/13/1990	
2. Principal Place of Business 2a, Mailing Add		2a, Mailing Address			4. FEI Number	Applied For
21		26		59-3027041	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 27		27	27		5, Certificate of Status Desired	Fee Required
 		City & State	y & State		6. Election Campaign Financing	\$5.00 May Be
23			<u></u>		Trust Fund Contribution	Added to Fees
^{Zip} 337	778		Country 30	Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
WILSON, WARREN A., III 31608 US HWY 19 N			81	Name		
			82	Street Add	t Address (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34684			83			
						Teel St. Oak
				City		FL 85 Zip Code
office or r agent I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora s.	poration submits this statement for the puri tion's board of directors. I hereby accept t	the appointment as registered
				Rogistored Agent signature required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS Delete		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
NAME	MILLS, RICHARD B.	בי סגננונ	1.2 NAME	\ \		En Ollguille En Modulou
STREET ADDRESS	AAAA OUU E YO DUU BUUD			ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-5			
TITLE	D	DELETE	2.1 TITLE	51-2IF		Change Addition
NAME	MILLS, GIOVANNA L.	-	2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		,
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-			
TITLE		DELETE	3.1 TATLE	<u> </u>		☐ Change ☐ Addition
NAME			3.2 NAME			i
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 City - 5	T-ZIP		
TITLE	-	DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
MALAC			5.2 NAME	j		

mation 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 short or suppliemental 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 importation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in anged or on an attachment with an address.

| Ref | officer or director of the Block 12 or Block 13

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Addition

FILED

Feb 23 1998 8:00am

Secretary of State