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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M74240 (6)76 GOLF WORLD, INC. Principal Place of Business Mailing Address 6801 SE KANNER HWY 6801 SE KANNER HWY STUART FL 34997 STUART FL 34997-7416 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1988 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0039071 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zm Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ No 30 Florida Statutes ☐ Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAM T INGRAM, JR 11130 SE FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33455 83 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 (NOTE: Registered Agent signature required when reinstating) Signative Typed or proceed reads of registered agent and lifte it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition THLE 1.1 TITLE DEGGELLER, IRVIN NAME 1.2 NAME 6801 SE KANNER HWY 1.3 STREET ADDRESS STREET ADDRESS STUART FL City-St-7IP 1.4 CITY-\$1-ZIP ST DELETE Change Addition TITLE 2.1 TITLE DEGGELLER, EVELYN 2.2 NAME NAME **6801 SE KANNER HWY** STREET ADDRESS 2.3 STREET ADDRESS STUART FL CHTY - ST - ZIE 2. 4 CITY - ST- ZIP ☐ Addition DELETE Change HILL 3.1 THILE 3 2 NAME HAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZiF 3 4. CITY - ST - ZIP DELETÉ Change Addition THUE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-7IP DELETE 5.1 TITLE Change ☐ Addition TILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Dilly-ST-ZiP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME N4M 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP City-S1-ZiF 14. I do 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

SIGNATURE:

o/ouner

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FILED

Mar 11 1997 8:00am

Secretary of State

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