

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:12

DOCUMENT # P17162 (9)

1. Corporation Name
GOLFAX LTD., INC.

Principal Place of Business Mailing Address
PO BOX 1796 PO BOX 1796
BOCA RATON FL 33429 BOCA RATON FL 33429
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/11/1987 3a. Date of Last Report 04/07/1994

4. FEI Number 84-1032675 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLDEN, GENE A
708 NE 35 STR
BOCA RATON FL 33431

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800 NE 39 ST
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDY
NAME FOLDEN, GENE A
STREET ADDRESS 708 NE 35 STR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☒ Change ☐ Addition

TITLE SD
NAME RAWLINGS, THOMAS
STREET ADDRESS 2411 SOUREK RD
CITY-ST-ZIP AKRON OH

1.2 NAME

1.3 STREET ADDRESS 800 NE 39 ST

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 110.07(3)(b), 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 addition with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

GENE A FOLDEN

JAN 31 1995

101-361-0000

Date

Corporate Number