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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002103 (9)

ASHWORTH SALES, INC.

Principal Pla	ce of Business	Mailing Address	Mailing Address 2810 NANCY ST ORLANDO FL 32806-1658			n induitadu 114 kaula 1881 daski adrik adrik adrik daski daski 11881 kilast halida 1814 1800 i			
2810 NANCY : ORLANDO FL									
						3. Date Incorporated or Qualified	3a. Da	te of Last	Report
						11/02/1992	11/02/1992 04/18/1996		
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied for		
21	<u> </u>	26				59-3173528 Not Applicab			lot Applicable
Sulte, Ap	t. #, etc.	Suite, Apt. #, etc.	├ ─1			5. Certificate of Status Desired	s8.75 Additional Fee Required		
City & Sta	ale	City & State				Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
ASHWORTH, GARY				81	Name			•	
2810 NANCÝ ST ORLANDO FL 32806				82 Stre		ress (P.O. Box Number is Not Acceptab	ole)		
							·		
				63					
				84	City		FL	85 Zip	Code
office or	it to the provisions of Sections 607 registered agent, or both, in the s am familiar with, and accept the c	State of Florida, Such change was	s authorized	d by	the comora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of of the appo	changing pintment a	its registered s registered
SIGNATURE						***************************************			
				Age	gent signal increquired when icristating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE			13.	II F		ADDITIONS/CHANGES TO OFFIC	ZETIS ALVO	Change	
NAME	ASHWORTH, GARY		1.2 NA						
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	AMI AND AM ASSAS			14 CHY-ST-ZIP					
TITLE				2 1 11TLE				Change	Addition
NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		2.2 NA	2.2 NAME					
STREET ADDRESS	EET ADORESS 23		2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	TY-ST-ZIP 2.4			CITY-ST-7/P					
TITLE	TITLE DELETE 3.11			ΓLF		Change Additio			Addition
NAME			3.2 NA	MŁ			~		
STREET ADDRESS	<u>;</u>		3.3 ST	REET	ADDRESS		7		

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 logal effect as if made under eath; 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

3.4. CITY- \$1-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELE1E

DELE1E

01011451105

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

GARY L ASKUNETH 4/24/97

407-894-2387

Change

Change

Addition

Addition

Addition

FILED

May 05 1997 8:00am

Secretary of State