

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90155 006 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000002459**

1. Corporation Name  
**GOLFLINE, INC.**



Principal Place of Business

**4913 GRAINARY AVENUE  
APT 2421  
TAMPA FL 33624  
US**

Mailing Address

**13014 N. DALE MABRY HWY.  
SUITE #148  
TAMPA FL 33618  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/02/1992**

4. FEI Number

**59-3173580**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 5805 Aventura Ct.**

Suite, Apt. #, etc.

**22 N/A**

City & State

**23 Tampa, FL**

Zip

**24 33624**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**STEERS, TODD  
4255 W HUMPHREY  
APARTMENT 2421  
TAMPA FL 33114**

10. Name and Address of New Registered Agent

**81 Name Steers, Todd**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**5805 Aventura Ct.**  
**83**  
**84 City Tampa FL** **85 Zip Code 33624**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	STEERS, CHERYL	4713 GRAINING AVENUE	TAMPA FL	<input type="checkbox"/>
V	STEERS, TODD	4713 GRAINARY AVENUE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Steers, Cheryl	5805 Aventura Ct.	Tampa, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Steers, Todd	5805 Aventura Ct.	Tampa, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, on an attachment with an address, with all other like empowered.

SIGNATURE:

**Cheryl E. Steers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**  
Date

**813-264-9686**  
Daytime Phone #

CR2E034 (11/98)