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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000044707 (6)

1. Corporation Name
GOLF STUFF, INC.



Principal Place of Business 3405 SW COLLEGE RD. STE. 235 OCALA FL 34474 US	Mailing Address 3405 SW COLLEGE RD. STE. 235 OCALA FL 34474 US
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3. Date Incorporated or Qualified 06/17/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. BOX 1540 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 59-3187230 Applied For Not Applicable	5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
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21 Suite, Apt. #, etc.	26 P.O. BOX 1540	5. Certificate of Status Desired	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
22 City & State	27 Suite, Apt. #, etc.	Applied For	Not Applicable	21 Suite, Apt. #, etc.	26 P.O. BOX 1540
23 Zip	28 City & State	5. Certificate of Status Desired	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	21 Suite, Apt. #, etc.	26 P.O. BOX 1540
24 Country	29 Zip	Applied For	Not Applicable	21 Suite, Apt. #, etc.	26 P.O. BOX 1540

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: *Anthony De Aquino* *ANTHONY DE AQUINO* 3-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 appears in Block 12 or Block 13 if I am listed, or on an attachment with an address.

SIGNATURE: *Jeannette Gebaide* *JEANNETTE GEBAIDE* 3/31/97 352-750-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR