FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084422 (3)**

1. Corporation Name
YE OLDE GOLF SHOPPE, INC.

Principal Place of Business	Mailing Address
3626 W VINE STREET (192) KISSIMMEE FL 34746	3626 W VINE STREET (192) KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994 | 3a. Date of Last Report:

2. Principal Place of Business
21 NOT TRADING
Suite, Apt. #, etc.
22 AT PRESENT TIME
City & State
23
Zip / 24 | County / 25

2a. Mailing Address
26 533 RANGER PARK CT.
Suite, Apt. #, etc.
27
City & State
28 DAVENPORT, FL
Zip / 29 33837 | County / 30 USA

4. FEI Number: 59-3214294 | ☐ 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

9. Name and Address of Current Registered Agent

LAWFIRM LAWRENCE J SPIEGEL CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

91 Name: DARIEN, E. BAHRMAN
92 Street Address (P.O. Box Number is Not Acceptable): 533 RANGER PARK CT.
93
94 City: DAVENPORT FL 95 Zip Code: 33837

11. Pursuant to the provisions of Section 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] 4-24-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	P	☐ Change ☐ Addition
NAME		12 NAME	DARIEN E BAHRMAN	
STREET ADDRESS		13 STREET ADDRESS	533 RANGER PARK CT.	
CITY-ST-ZIP		14 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		21 TITLE	V.P	☑ Change ☐ Addition
NAME		22 NAME	AUDREY I BAHRMAN	
STREET ADDRESS		23 STREET ADDRESS	533 RANGER PARK CT.	
CITY-ST-ZIP		24 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		31 TITLE	T	☐ Change ☐ Addition
NAME		32 NAME	DARIEN E BAHRMAN	
STREET ADDRESS		33 STREET ADDRESS	533 RANGER PARK CT.	
CITY-ST-ZIP		34 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		41 TITLE	S	☑ Change ☐ Addition
NAME		42 NAME	AUDREY I BAHRMAN	
STREET ADDRESS		43 STREET ADDRESS	533 RANGER PARK CT.	
CITY-ST-ZIP		44 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 attachment with an address.

SIGNATURE: [signature] 4-24-95 (813)424-0030
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
DARIEN BAHRMAN

0974449 CP