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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:47

DOCUMENT # **P94000004351 (0)**

1. Corporation Name
GARY PLAYER GOLF EQUIPMENT INCORPORATED

Principal Place of Business	Mailing Address
3300 PGA BOULEVARD PALM BEACH GARDENS FL 33410	3300 PGA BOULEVARD PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3930 RCA Boulevard, Suite 300!	2a. Mailing Address 26 3930 RCA Boulevard	4. FEI Number 65-0466152	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 300!	Suite, Apt. #, etc. 27 Suite 300!	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Palm Beach Gardens	City & State 28 Palm Beach Gardens	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33410 / 25 USA	Zip / Country 29 33410 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONTI, LOUIS T 200 S. ORANGE AVENUE SUITE 2600 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	B/P	☐ Change ☒ Addition
NAME	PLAYER, GARY J	12 NAME	TREATER, GARY M.	
STREET ADDRESS	3300 PGA BLVD.	13 STREET ADDRESS	3930 RCA BOULEVARD	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	14 CITY ST ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	PLAYER, MARC B	22 NAME	PLAYER, GARY J	
STREET ADDRESS	3300 PGA BLVD.	23 STREET ADDRESS	3930 RCA BOULEVARD	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	24 CITY ST ZIP	PALM BEACH GARDENS FL 33410.	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	CLARK, MICHAEL N	32 NAME	PLAYER, MARC B.	
STREET ADDRESS	3300 PGA BLVD.	33 STREET ADDRESS	3930 RCA BOULEVARD.	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	34 CITY ST ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	41 TITLE	V	☐ Change ☒ Addition
NAME	BANNER, MARTIN S	42 NAME	CHAMI, GLEN M.	
STREET ADDRESS	3300 PGA BLVD.	43 STREET ADDRESS	3930 RCA BOULEVARD	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	44 CITY ST ZIP	PALM BEACH GARDENS FL 33410	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	CLARK, MICHAEL N	DELETE
STREET ADDRESS		53 STREET ADDRESS	3300 PGA Blvd.	
CITY ST ZIP		54 CITY ST ZIP	Palm Beach Gardens, FL 33410	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	BANNER, MARTIN S	DELETE
STREET ADDRESS		63 STREET ADDRESS	3300 PGA Blvd.	
CITY ST ZIP		64 CITY ST ZIP	Palm Beach Gardens, FL 33410	

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 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 attachment with an address.

SIGNATURE: GLEN CHAMI 6/22/95 407-6240300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0250247 CP