FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

| ANNUA | IUAL REPORT 1996 Secretary of State DIVISION OF CORPORATIONS | | | NS | | | | | |
|---------------------------------|---|--|-------|-------------------|--------------|--|--------------------------------------|--------------------------------|--------------------------|
| DOCUM 1. Corporation N | IENT # P9400 | 0004351 (| 0) | | | | | | |
| GARY P | LAYER GOLF EQUIPMEN | T INCORPORATED | | | | | | | |
| Principal Place o | f Business | Mailing Address | | | | 1 IBA(IABA 418 APAIL BARA) AA | ii 48111 48 114 49 111 | HILLS HILL |) FB FB |
| 3930 RCA BLV STE 300 \ | D | 3930 RCA BLVD STE 3001 | | | | | | | |
| | GARDENS FL 33410 | PALM BEAHC FL 33 US | 3410 | | | Date Incorporated or Qualified 01/19/1994 | 3a. Date o | of Last Rep 29/199 : | |
| 2. Principal Plac | be of Business | 2a. Maling Address | | | | 4. FEI Number 65-0466152 | | | pplied For ot Applicable |
| 21 | | Suite. Apt. #, etc | | | | | | | Additional |
| Suite, Apt. #, | , etc. | 27 | | | | 5. Certificate of Status Desired | | | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution 8. This corporation has liability for | | | to Fees |
| Z _I p | Country | Zip. | 30 | untry | | | s [] No | 0.100.0 | |
| 24 | 9. Name and Address of Curre | | | I., | | 10. Name and Address of New | Registered A | gent | |
| 81 | | | | | Name | | | | |
| CONTI, LOUIS T | | | | | Street Ad | idress (P.O. Box Number is Not Accept | able) | | |
| 200 S. ORANGE AVENUE | | | | 83 | | | | | |
| SUITE 26 | 500 O FL 32801 | | | 1 | | | | Jac I 700 | Code |
| | | | | 64 | City | | FL | | |
| or registere familiar with | the provisions of Sections 607.050 od agent, or both, in the State of Flor n, and accept the obligations of, Sec Security types or pressure as a first time law. | ndn Such Change was auth etion 607.0505, Florida Statu | ites | ω, | oration 5 bi | poration submits this statement for the poard of directors. Thereby accept the appropriate when when when when when the stating? | DATE | | |
| 12. | | NO DIRECTORS | 13 | | | ADDITIONS/CHANGES TO O | | DIRECTOR | Addition |
| TITLE | D AVED CARY I | DELFTE | 1 | TITLE | | D Con Transec | L. | j ondige | La rido non |
| NAME | PLAYER, GARY J 3300 PGA BLVD. | | | | ADDRESS | 3930 RCA BIND | | | |
| STREET ADDRESS CITY - ST - ZIP | PALM BEACH GARDENS FI | L 33410 | | Cify - | | Palu Beach Gadas | o FL | ., 33 | 5410 |
| TIFLE | D | ™ OELETE | . 2 1 | TITLE | | \mathcal{D} | 5 | Change | Addition |
| NAME | PLAYER, MARC B | | 22 | NAME | 1 | Player, Gary J. | | | |
| STREET ADDRESS | 3300 PGA BLVD. | | | | T ADDRESS | 3930 RCA Blud; | 22.16 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FI | | | CITY- | \$1-216 | Palm Beach Gdns, FL | 227/1 | Change | Addition |
| TILE | D Player, Marc B | Ç, DELETE | 4 | NAME. | | | | | |
| NAME PARSEE ARGUSTES | 3930 RCA BLVD | | | | 1 ADDRESS | | | | |
| STREET ADDRESS City-St-Zip | PALM BEACH GARDENS F | L | | | S1-7IP | | | | |
| TITLE | V | DELETE | 4 | TITLE | | | |] Change | Addition |
| NAME | CHAMI, GLEN M | | 4 2 | NAME | | | | | |
| STREET ADDRESS | 3930 RCA BLVD | | 43 | STHEF | L ADDRESS | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS F | L STATE OF THE STA | | | ST-ZIP | | r | 7 Change | nortibbA 🗍 |
| TITLE | D OLARY MOLAUFUN | DELETE | | STIFUE SECURAL | | | į. | | |
| NAME | CLARK, MCIAHEL N 3300 PGA BLVD | | | MAMC STREE | I ADDRESS | | | | |
| STREET ADDRESS | PALM BEACH GARDENS F | 1 | | | SI-2#F | | | | |
| CITY-SI-ZIP TITLE | D | DELETE | | 1 T TLE | | ALC: NO. | | Change | Addit on |

14. I do hereby certify that the information supplied with this filing is voluntaally tronehed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that it am an officer or director of the corporation or the federiver 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 artischment with an address

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BANNER, MARTIN S

PALM BEACH GARDENS FL

3300 PGA BNLVD

SIGNATURE AND TEAM OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96 407 624 0300