

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000004351 (0)

1. Corporation Name
GARY PLAYER GOLF EQUIPMENT INCORPORATED

Principal Place of Business 3930 RCA BLVD STE 300 I PALM BEACH GARDENS FL 33410 US	Mailing Address 3930 RCA BLVD STE 300I PALM BEACH FL 33410-4291 US
--	--



3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 06/25/1996
---	---------------------------------------

2. Principal Place of Business 21 3930 RCA BLVD. Suite, Apt. #, etc. 22 300I City & State 23 PALM BEACH GARDENS FL Zip 24 33410	2a. Mailing Address 26 3930 RCA BLVD Suite, Apt. #, etc. 27 STE 300I City & State 28 PALM BEACH GARDENS. Zip 29 33410	4. FEI Number 65-0466152 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	---	---

9. Name and Address of Current Registered Agent

CONTI, LOUIS T
200 S. ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 State
				FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PLAYER, GARY J STREET ADDRESS 3300 PGA BLVD. CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR 1.2 NAME WHITE, JOSEPH J 1.3 STREET ADDRESS 3930 RCA BLVD, SUITE 300I 1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Addition
TITLE D NAME PLAYER, GARY J STREET ADDRESS 3930 RCA BLVD CITY-ST-ZIP PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR + TREASURER 2.2 NAME CAMPBELL, PAMELA J 2.3 STREET ADDRESS 3930 RCA BLVD, SUITE 300I 2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PLAYER, MARC B STREET ADDRESS 3930 RCA BLVD CITY-ST-ZIP PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME CHAMI, GLEN M STREET ADDRESS 3930 RCA BLVD CITY-ST-ZIP PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TREATER, GARY STREET ADDRESS 3930 RCA BLVD CITY-ST-ZIP PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recipient of the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (561) 6240300
Date Daytime Phone

0303626

CR2E034 (9/96)