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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000004351 (0)

GARY PLAYER GROUP, INC.

APPROVED
AND
FILED

98 APR -3 PM 2: 43

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Piac	e of Business	Mailing Address		4 CERTION, 419 IBSIT REAL SOCIA SOCIA SOCIA CONTA BRITA	BANK BIGAR WISH BINDK MAN ING	
3930 RCA B 3001 PALM SPRINK US		3930 RCA BLVD. STE. 3001 PALM BEACH FL 33410 US		DO NOT WRITE IN TH	IIS SPACE	
Principal D	lace of Business	2a. Mailing Address		01/19/1994 4. FEI Number		
21 Philospair	iace of Dusiness	26. Maining Address		4. FET NUMBER 4. 65-0466152	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25 Same and Address of Current	29 30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
CO	NTI, LOUIS T	negistored Agent	81 Name		su Agent	
	S. ORANGE AVENUE		W'	hite , Joseph :	<u>.5 .</u>	
	ITE 2600	an or wheat	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LANDO FL 32801	KH Own 5	83	V		
		RA Churson	84 City	te 3001	lot 7: Oada	
		Mali	84 City Paul	n Beach Grandons F	L 85 Zip Code 33410	
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						
Significe, typed or printed name of registered agent and till of applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	* · · * * * · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	U WUITE JOSEPH I	· · · · · · · · · · · · · · · · · · ·	1.1 TITLE		☐ Change ☐ Addition	
NAME	WHITE, JOSEPH J 3930 RCA BLVD., STE. 3001		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	PALM BEACH GARDENS FL		1.3 STREET ADDRESS			
TITLE	D	T 6	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME	PLAYER, GARY J	_	2.2 NAME			
STREET ADDRESS	3930 RCA BLVD		2.3 STREET ADDRESS		ì	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	PLAYER, MARC B	I	3.2 NAME			
STREET ADDRESS	3930 RCA BLVD		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL	·····	3.4 CITY-ST-ZIP		J 0 1 1449	
TITLE	CAMPBELL, PAMELA J	_	4.1 TITLE		Change Addition	
NAME	3930 RCA BLVD., STE. 3001		4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP	PALM BEACH GARDENS FL		4.3 STREET ADDRESS 4.4 City-St-Zip			
TITLE			5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-\$1-ZIP	1		5 4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS		•	6.3 STREET ADDRESS	~	851	

14. I 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 on 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.