

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90002 006 ***150.00

DOCUMENT # P94000059475

1. Corporation Name
GOLF WAREHOUSE, INC.



Principal Place of Business
**7555 WEST 20TH AVENUE
HIALEAH FL 33014**

Mailing Address
**7555 WEST 20TH AVENUE
HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

2. Principal Place of Business

21 12566 PINES BLVD.

Suite, Apt. #, etc.

**22 City & State
PEMBROKE PINES FL.**

**24 Zip
33027**

**25 Country
USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0511936

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**LARUE, JOE
7555 WEST 20TH AVENUE
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name

JOE LARUE

82 Street Address (P.O. Box Number is Not Acceptable)

12566 PINES BLVD.

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **LARUE, JOE**
STREET ADDRESS **7555 WEST 20TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 Required

Date

Daytime Phone #

CR2E034 (5/99)

p94000059475
594950-90002-6

TO; FLORIDA DEPT. OF STATE
FROM; JOE LARUE / GOLF WAREHOUSE

TO WHOM IT MAY CONCERN ;

GOLF WAREHOUSE NEVER RECEIVED THE FIRST NOTICE FOR
OUR CORPORATIONS ANNUAL REPORT.
ITS POSSIBLE WE DIDNT RECEIVE IT DUE TO RELOCATION,
OR FOR WHATEVER REASON.

I HAVE COMPLETED ALL NEW INFORMATION IN THE REPORT
AND HAVE ENCLOSED A CHECK FOR 150.00.

THANK YOU.


JOE LARUE