

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068834 (8)

1. Corporation Name

GOLF SWING TRAINER, INC.



Principal Place of Business

505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD FL 32779

Mailing Address

505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3275007

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name EMIL A. GASPERONI JR.
82 Street Address (P.O. Box Number is Not Acceptable)
505 WEKIVA SPRINGS ROAD
83 Ste. 800
84 City LONGWOOD FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when not acting)

DATE

Emil Gasperoni Jr. 2/28/96

12. OFFICERS AND DIRECTORS

☐ DELETE

1 NAME D
GASPERONI, EMIL S R
2 STREET ADDRESS 505 WEKIVA SPRINGS RD.
3 CITY- ST- ZIP LONGWOOD FL 32779

☐ DELETE

1 NAME
2 STREET ADDRESS
3 CITY- ST- ZIP

☐ DELETE

1 NAME
2 STREET ADDRESS
3 CITY- ST- ZIP

☐ DELETE

1 NAME
2 STREET ADDRESS
3 CITY- ST- ZIP

☐ DELETE

1 NAME
2 STREET ADDRESS
3 CITY- ST- ZIP

☐ DELETE

1 NAME
2 STREET ADDRESS
3 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1 1 TITLE
2 NAME
3 STREET ADDRESS 505 WEKIVA SPRINGS ROAD Ste. 800
4 CITY- ST- ZIP

☐ Change ☐ Addition

2 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

3 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

4 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

5 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

6 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emil Gasperoni Jr.

Date

Display Phone #

(407) 974-9434

CR2E034 (12/95)