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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000082148 (5)

ACCU-	FIT CUSTOM GOLF INC.				
Principal Plac	e of Business	Mailing Address			
9224 GLADES	S RD.	9224 GLADES ROAD		·	•
BOCA RATON FL 33434 BOCA RATON FL 33434				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				11/09/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0534718	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution   8. This corporation owes or has paid the	Added to Fees
24	25	29 3	·	Personal Property Tax due June 30.	Yes Z No
241	9. Name and Address of Currer		<u>.                                      </u>	10. Name and Address of New Registe	
PA	RKER, GERALD K		B1 Name		
909 NE 9TH AVE			B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ITE 206		63		
DĒ	LRAY BEACH FL 33483		63		
			84 City		FL 85 Zip Code
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.					
agent. I am familiar with, anti accept the obligations of, Section 607.0505, Florida S			da Statutes.	ion's board or directors. Thereby accept the	appointment as registered
SIGNATURE	Cornel Marker			3	12297
	Signature, typed or printed name of registered agr		Registered Agent argnature require		<del> </del>
12.	, <del></del>	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
TITLE	DP DADTOCEK LANDENCE	L. OCCEPT	1.1 TITLE		
NAME	BARTOSEK, LAWRENCE		1.2 NAME		
STREET ADDRESS	1135 NW 22ND AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33445	DELE <b>te</b>	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
	S PADTOCEV HELEN	C December	2.2 NAME		Criango risomon
NAME	BARTOSEK, HELEN		2.3 STREET ADDRESS		
STREET ADDRESS	3590 COMMODORE CR DELRAY BEACH FL 33483		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	DEAN, SLAWSBY	<b>_</b>	3.2 NAME		_ • -
STREET ADDRESS	7837 NAUTIQUE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4. CITY - ST - ZIP		
TITLE	Ť	☐ DELETE	4.1 TITLE		Change Addition
NAME	CHIAROLANZIO		4. 2 NAME		
STREET ADDRESS	1310 LAUREL WOOD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33447		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTRCCT ADDRCCC			CO CIRCL ADDOLOG	*	

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 lat address.

**FILED** 

Mar 20 1998 8:00am

Secretary of State