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 # **P95000012448 (3)**

1. Corporation Name
SHELLY'S GOLF SALES, INC.

Principal Place of Business	Mailing Address
~~18405 HEPATICA RD.~~ ~~FT. MYERS FL 33912~~	~~18405 HEPATICA RD.~~ ~~FT. MYERS FL 33912~~

3. Date Incorporated or Qualified: 02/13/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 6014 Westbourgh Drive
Suite, Apt. #, etc. 22:
City & State 23: Naples, FL
Zip 24: 33962 Country 25: U.S.A.

2a. Mailing Address
26: 6014 Westbourgh Dr.
Suite, Apt. #, etc. 27:
City & State 28: Naples, FL
Zip 29: 33962 Country 30: USA

4. FEI Number: 65-0568729 ☐ 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

9. Name and Address of Current Registered Agent

~~BESSONEN, SHELLY~~
~~18405 HEPATICA RD.~~
~~FT. MYERS FL 33912~~

Shelly Aristizabal
6014 Westbourgh Dr.
Naples, FL 33962

10. Name and Address of New Registered Agent

81 Name: Shelly Aristizabal
82 Street Address (P.O. Box Number is Not Acceptable): 6014 Westbourgh Dr.
83
84 City: Naples FL 85 Zip Code: 33962

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: Shelly Bessonen Aristizabal Shelly Aristizabal, Resident 4-28-96
Signature, typed or printed name of registered agent, and title if applicable (Note: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ~~President~~	D President ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	~~BESSONEN, SHELLY~~ Shelly Aristizabal	12 NAME	
STREET ADDRESS	~~18405 HEPATICA RD.~~ 6014 Westbourgh Dr.	13 STREET ADDRESS	
CITY-ST-ZIP	~~FT. MYERS FL 33912~~ Naples, FL 33962	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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: Shelly Bessonen Aristizabal Shelly Bessonen Aristizabal, President 4-28-96 941-514-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)