

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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000051052 (5)**  
 1. Corporation Name  
**GABIL GOLF BROKERS, INC.**



Principal Place of Business <b>3440 E. LAKE RD. SUITE 104 PALM HARBOR FL 34685</b>	Mailing Address <b>3440 E. LAKE RD. SUITE 104 PALM HARBOR FL 34685</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3440 East Lake Rd. Suite 412	26	3440 E. Lake Road-Suite 412	06/29/1995	
Suite, Apt. #, etc. 22 Palm Harbor, FL		Suite, Apt. #, etc. 27 Palm Harbor, FL		4. FEI Number	
City & State		City & State		59-3322005	
23 34685		28 34685		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DIMARCO, ROBERT F</b> <b>3440 E. LAKE RD. SUITE 104</b> <b>PALM HARBOR FL 34685</b>				81 Name	Di Marco, Robert F.		
				82 Street Address (P.O. Box Number is Not Acceptable)	3440 E. Lake Road Suite 412		
				83 City	Palm Harbor, FL 34685		
				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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, GAIL B			1.2 NAME	Reilly, Gail B.		
STREET ADDRESS	1429 DALESIDE LANE			1.3 STREET ADDRESS	1129 Daleside Lane		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			1.4 CITY-ST-ZIP	New Port Richey, FL 34655		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, DAVID A			2.2 NAME	Reilly, David A.		
STREET ADDRESS	1429 DALESIDE LANE			2.3 STREET ADDRESS	1129 Daleside Lane		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			2.4 CITY-ST-ZIP	New Port Richey, FL 34655		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Gail B. Reilly (GAIL B. Reilly) 4/2/98 (813)372-0975

CR2E034 (10/97)