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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000089679 (1)

1. Corporation Name

GOLF LINK CORPORATION

Principal Place of Business

41 S.W. 14TH AVENUE
BOCA RATON FL 33486
US

Mailing Address

41 S.W. 14TH AVENUE
BOCA RATON FL 33486-4454
US

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 115 WINDING OAK DR

2a. Mailing Address

26 115 WINDING OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OKATIE SC

City & State

28 OKATIE SC

Zip

24 29910

Country

25 US

Zip

29 29910

Country

30 US

4. FEI Number

APPLIED FOR 65-0466465

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

GILLESPIE, CHARLES J
41 SW 14TH AVENUE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

TIM GILLESPIE

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

275 NW 45TH ST

83

84 City

BOCA RATON

FL

85 Zip Code

33431

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]

TIM GILLESPIE

4/29/97

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 ☐ DELETE
NAME P
STREET ADDRESS GILLESPIE, CHARLES J.
CITY - ST - ZIP 415 W. 14TH AVENUE
BOCA RATON FL 33486

TITLE ☐ DELETE
NAME T
STREET ADDRESS GILLESPIE, GERI M.
CITY - ST - ZIP 41 S.W. 14TH AVENUE
BOCA RATON FL 33486

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 115 WINDING OAK DR.
1.4 CITY - ST - ZIP OKATIE, SC 29910

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 115 WINDING OAK DR
2.4 CITY - ST - ZIP OKATIE, SC 29910

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 do 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] C. Gillespie

4/29/97 803-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)