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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9600001822 (1)

OFFCOURSE, INC.

FILED Feb 18 1998 8:00am Secretary of State



rincipal riace of business		Maining Address		
131 N. BANANA RIVER DR. MERRITT ISLAND FL 32952		131 N. BANANA RIVER DR MERRITT ISLAND FL 3295	•	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 01/05/1996
2. Principal P	flace of Business	2a. Mailing Address	· ·	4. FEI Number Applied For
21		26 P.O. BOX 5	51	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3352082 Not Applicable
22		27		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat		City & State 28 CAPE CAHAVE	RAL, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 32920 3	0 USA	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name				10, Name and Address of New Registered Agent
BUNTING, ALAN K 114 SUNSET DR. COCOA BCH. FL 32931 B1 Name NOTE: ADDRESS CHARGONLY Street Address (P.O. Box Number is Not Acceptable) STREET ADDRESS (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83				
			84 City	COA BEACH FL 85 Zip Code 3293/
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE.				
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPS	☐ DELETE	1,1 TITLE	Change Addition
NAME	GRIMMNITZ, LOUIS C		1.2 NAME	
STREET ADDRESS	165 ARTEMIS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32	953	1.4 CITY-ST-ZIP	
TITLE	Pī	☐ DELET E		CHOTE ADDRESS CHANGE WEN Change Addition
NAME	BUNTING, ALAN K		22 NAME	THORE STORES CHANGE CHANGE
STREET ADDRESS	114 SUNSET DR.		2.3 STREET ADDRESS	CNOTE: ADDRESS CHANGE ONLY Change Addition 25 RIVERVIEW LANE
CITY-ST-ZIP	COCOA BCH. FL 32931		2. 4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	00001 001: 10 02001	DELETE	3.1 TITLE	COCON 13 EACH, FZ 32737
NAME				C Aunite C Medium
			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		- Decemen	3.4. CITY-ST-ZIP	[A
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		······································	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	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby c	ertify that the information suppl	ied with this filing does not qualify for t	the exemption states	d 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.				