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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra (Pr Mostham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000012469 (8)

GOLF BAGS, INC. Principal Place of Business Mailing Address 81 CAYMAN PLACE **B1 CAYMAN PLACE** PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-8099 3. Date Incorporated or Qualified 3a Date of Last Benort 02/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0645130 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 **Trust Fund Contribution** 8. This corporation has liability for intangible tax under s. 199.032. Country Zio Country Zip Yes No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MATHISON, STEPHEN S 5606 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 211 83 PALM BEACH GARDENS FL 33418 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. rector + Secretary + President DELETE Addition Change TITLE 1.1 TITLE MARCETTE KUNKLE MILLER, LORACE H 1.2 NAME 27 CAMBAIA Rd. W **81 CAYMAN PLACE** 1.3 STREET ADDRESS STREET ADDRESS Alm Beach GARdens Fl 33418 PALM BEACH GARDENS FL 33418 CITY-S1-ZIP 1.4 CITY-ST-ZIP rector & Use Mesdent Change DIRECTOR + SECRETARY DELETE 2.1 TITLE TITLE MARLENE KUNKLE FONALD E. MILLER NAME 2.2 NAME 81 CAYMAN PLACE 2.3 STREET ADDRESS STREET ADDRESS I'm Beach GARdens PAIN BEACH GARdens FT-32418 33418 CITY-ST-ZIP 2 4 CITY-ST-ZIP VIGE PRESIDENT + DIRECTOR DELETE 3.1 TITLE TITLE BONALD & BUHER 3.2 NAME NAME 81 CAYMAN PLACE 3.3 STREET ADDRESS STREET ADDRESS PATM BEACH GARdeNS 33418 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition TOLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHTY-SY-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

SIGNATURE:

ORACE W. DILLER MONATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR 3/10/97

FILED

Apr 02 1997 8:00am

Secretary of State

561 627-5242 Daystreet Tone #