

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90027 032 \*\*\*150.00

0369384

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012469

1. Corporation Name  
GOLF BAGS, INC.

Principal Place of Business  
~~81 CAYMAN PLACE~~  
PALM BEACH GARDENS FL 33418

Mailing Address  
~~81 CAYMAN PLACE~~  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/02/1996

4. FEI Number  
65-0645130

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1209 GENERAL POINTE TRACE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1209 GENERAL POINTE TRACE  
Suite, Apt. #, etc.

22 City & State  
23 Palm Beach Gardens, FL

27 City & State  
28 Palm Beach Gardens, FL

24 Zip 33418 Country USA

29 Zip 33418 Country USA

9. Name and Address of Current Registered Agent

MATHISON, STEPHEN S  
5606 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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

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	DP	<input type="checkbox"/> DELETE
NAME	MILLER, LORACE H	
STREET ADDRESS	81 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KUNKLE, MARLETTE	
STREET ADDRESS	27 CAMBRIA RD W	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MILLER, RONALD E	
STREET ADDRESS	81 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address, with an officer like empowered.

SIGNATURE:

Ronald E Miller (Ronald E Miller)

Date

Daytime Phone #

1/5/99

561-627-5242

CR2E034 (11/98)