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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000834 (6)

ALL GOLF EQUIPMENT REPAIR CORP.

Block 12 or Block 13 if changed, or on arrattactime

Principal Place of Business

Mailing Address

FILED May 22 1998 8:00am Secretary of State



% SEMET. LICKSTEIN. MORGENSTERN. ET AL % SEMET, LICKSTEIN, MORGENSTERN. ET AL 201 ALHAMBRA CIRCLE. SUITE 1200 201 ALHAMBRA CIRCLE, SUITE 1200 DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 01/03/1997 28. Mailing Address OFRED K- LICKS TEIM. 2. Principal Place of Business Applied For 6401 KENDALE LAKES DO FOWLER WHITE OF AL Not Applicable \$8.75 Additional 10056 2NO S 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be MIAMI 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible USA Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LICKSTEIN, FRED K 201 ALHAMBRA CIRCLE 82 Street Address **SUITE 1200** 83 CORAL GABLES FL 33134 84 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 of fice or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Registered Agest signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 THILE NAME 12 NAME KENDALE LAKE STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - S1 - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-S1-ZiP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 turning employeded to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in