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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000016427

1. Corporation Name
BEST VALUE GOLF PRODUCTS, INC.

Principal Place of Business
8408 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE FL 33637

Mailing Address
8408 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1997	
4. FEI Number 59-3432569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 440 E. BRANSON BLVD	2a. Mailing Address 26 440 E. BRANSON BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BRANSON FL	City & State 28 BRANSON, FL
Zip 24 33511	Country 25 Hills.
Zip 29 33511	Country 30 Hills

9. Name and Address of Current Registered Agent

GIBBS, WILLIAM E
11418 BLOOMINGDALE AVE.
RIVERVIEW FL 33569

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 _____ DATE _____
Signature of person submitting this statement as registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PREZIOSI, LOUIS	
STREET ADDRESS	8408 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIBBS, WILLIAM E	
STREET ADDRESS	8408 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PREZIOSI, LOUIS	
1.3 STREET ADDRESS	440 E. BRANSON BLVD	
1.4 CITY-ST-ZIP	BRANSON, FL, 33511	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIBBS, WILLIAM E.	
2.3 STREET ADDRESS	440 E. BRANSON BLVD	
2.4 CITY-ST-ZIP	BRANSON, FL, 33511	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/24/99 DAYTIME PHONE #: 813-655-3626

CR2E034 (11/98)