

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Jul 01 1999 8:00 am
Secretary of State

DOCUMENT # P97000029153

1. Corporation Name
GOLF SMART, INC.



6/1/99 90008/038 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 L'AMBIANCE SUITE 203 NAPLES FL 34104 34108		Mailing Address 300 L'AMBIANCE SUITE 203 NAPLES FL 34104 34108	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	03/28/1997	59-3448553
22 City & State	27 City & State	APPLIED FOR	Applied For
23 Zip	28 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Country	30 Country	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

9. Name and Address of Current Registered Agent VARCOE, MARILYN J 300 L'AMBIANCE SUITE 203 NAPLES FL 34104 34108		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	
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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 *Marilyn J. Varcoe* (NOTE: Registered Agent signature required when migrating) DATE May 1, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VARCOE, MARILYN	1.2 NAME	
STREET ADDRESS	300 L'AMBIANCE, SUITE 203	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104 34108	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VARCOE, JAY A	2.2 NAME	
STREET ADDRESS	15842 S 40TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85044	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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: *Marilyn J. Varcoe* May 1, 1999 941-514-3224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)