

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000106613 (7)

1. Corporation Name

HOOKED ON GOLF, INC.

Principal Place of Business

6565 ULMERTON ROAD
SUITE D
LARGO FL 33771

Mailing Address

6565 ULMERTON ROAD
SUITE D
LARGO FL 33771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

59-3490235

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PAPPAS, GEORGE G P.A.
2725 PARK DRIVE
SUITE #3
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81 Name

ANTHONY CICCOTTI JR.

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

29703 69TH ST., NORTH

83

84 City

CLEARWATER,

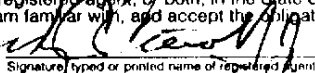
FL

85 Zip Code

33761

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

ANTHONY C. CICCOTTI JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CICCOTTI, ANTHONY C JR.
STREET ADDRESS 29703 69TH STREET, NORTH
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ DELETE

NAME UZDAVINES, FRANK JR.
STREET ADDRESS 3757 WOODRIDGE PLACE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME CICCOTTI, ANTHONY C. JR.
1.3 STREET ADDRESS 29703 69TH ST., NORTH
1.4 CITY-ST-ZIP CLEARWATER, FL 33761

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME CICCOTTI, ANTHONY C. III
2.3 STREET ADDRESS 29703 69TH ST., NORTH
2.4 CITY-ST-ZIP CLEARWATER, FL 33761

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

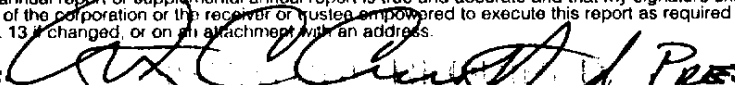
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

 PRES. 4/27/98

813-5301602

CR2E034 (10/97)