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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V35481

(3)

GOLF UNLIMITED, INC.

Principal Plac	e of Business	Mailing Address		r nddin diiboo faibi disii dibaa saran sida Bibir	ALBIT ATAIL BIBİL BIBIL BIBIL 1881
4007 118 AVE N CLEAWATER FL \$4622 US		4007 118 AVE N CLEARWATER FL 34622 US			
				DO NOT WRITE IN THIS SPACE	
				<ol><li>Date Incorporated or Qualified 05/11/1992</li></ol>	
2. Principal Piace of Business 2a. Mailing Address			<del>-</del>	4. FEI Number	Applied For
21 5222 118th Ave Worth 26 RO.			17960	59-3128622	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State	· ~ ·	6. Election Campaign Financing	\$5.00 May Be
23 Clearwater FL 28 (		[28] Clearura	ter, ich	Trust Fund Contribution	Added to Fees
Zip Country Zip			Country	<b>8.</b> This corporation owes or has paid the	
24 33700 25 29 33702 30 9. Name and Address of Current Registered Agent			10	Personal Property Tax due June 30.	Yes No
		Registered Agent	81 Name	10. Name and Address of New Register	red Agent
MUCHER, REITH				Victoria Muchler	
13825 US HWY 19 NO			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	1-
CLEARWATER FL 34622			83	GAZZ HOM ALL WOLL	<u>41</u>
j			[83]	•	
			84 City	Cleanviler	FL 85 Zip Code 33716()
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpos	se 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. Lam hamiliar with, and accept the obligations of Socian 607.0505, Florida Statutes.					
SIGNATURE / LETOUR MEN LOS.				5	128 128 I
Sidivitori	Signature: types or positive name of repote sidiager	raid the day pheable (NOT).	Registered Agent signature re-		13-3-1-13
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	X) OLYETE	1.1 TITLE	President/Secretary	Change L Addition
NAME	MUCHLER, KEITH	,	1.2 NAME	victora muchler	·
STREET ADDRESS	4007 118 AVE N		1.3 STREET ADDRESS	6332 110 m 1906 170/10	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - \$1 - ZIP	Cleanbaker, PL 3371	
TITLE	VD	L] DELETE	21 TiTL€		L Change L Addition
NAME	MUCHLER, VICTORIA		2 2 NAME		
STREET ADDRESS	4007 118 AVE N		2 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	T course	2 4 City - S1 - ZiP		
TITLE		[_] DELETE	3 1 1ITLE		Change Addition
NAME			- 3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE		ריז חרוננוג	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ Dereit	5.1 TITLE		CHANGE CT MOUTION
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	5.4 CHY-ST-ZIP		Change Addition
TITLE		□ OUTER	6111716		CT CHANGE CT MODITION
NAME			6 2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-7IP		

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 eath; 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 channed, or on an attachment with an address.

CIGNATURE:

**FILED** 

Jun 04 1998 8:00am

Secretary of State