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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56317

(3)

FILED May 11 1998 8:00am Secretary of State

GOLF & APPAREL OUTLET PALM HARBOR, INC.								 		
Principal Plac	e of Business	Mailing Address				T 100H 01110	WILLES BREAK 1960 (1961)) (60) 0/0)(Q/6/	1 016 (116)	DION BIRN PUR
-00723-U.O. 1		-30723 U.S. 19 N	COTH							
-PALM-HARD	NR-FI84884	PALM HARBOR I	FL-94094		.,					
Z3197 1	US HWY. # 19 N	23197 U	S. Hwy_7	F 17 /	/y		DO NOT WRI		SPACE	
Clearw	rater, FL 34625	Chearwa	rec' it	59	1625		orated or Qualified	d		
5 Die ::15	N	Tan Mary Address				08/10/19	92			
	Place of Business	2a. Mailing Addre	3SS			4. FEI Number	1005		⊢~ 1	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #,	elc			<u>59-313</u> 4	233			Not Applica 5 Additional
22		27	0.0.			5. Certificate of	Status Desired			Required
City & Stat	le	City & State				6. Election Can	paign Financing		\$5.0	00 May Be
23		28				Trust Fund C				ed to Fees
Zip	Country	Zip	Co	untry		8. This corpora	tion owes or has	paid the cu	rent year	Intangible
24	26	29	30				perty Tax due Ju		Yes	□ No
	9. Name and Address of Curre	nt Registered Agent		1001		10. Name and	ddress of New	Registered	Agent	
	CONNOR, PATRICK M.			81 N	lame fri	K M 0	Connor.	Esqu	11/10	
	167 U.S. 19 NORTH			82 5	treet Addres	s (P.O. Box Num	per is Northcoept	table)	+ 4	- 1 / 2
	NTE 461			83	2240	Delled	ur Koad	سحر	1c +	-160
a	EARWATER FL 34624			83				•		
				84 C	14- /	7			85 Z	ip Code
				116	Long	waler		FL		3 <i>3764</i>
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida e of Florida, Such chang	la Statutes, the a ge was authorize	above-na ed by the	amed corpor e corporation	ation submits this	statement for the tors. I hereby acc	e purpose o cept the app	r changing pointment	as registere
office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida e of Florida. Such chang pations of, Section 607.0	la Statules, the e ge was authorize 0505, Florida Sta	above-na ed by the atutes.	amed corpor e corporation	ation submits this n's board of direc	statement for the tors. I hereby acc	e purpose o cept the app	ointment	as registere
office or agent. I a							statement for the tors. I hereby acc		ointment	as registered
SIGNATURE	Signature, typed or printed name of registered agr	junt and title if applicable	(NOTE Register	ed Apent si		when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag	orit and title if applicable	(NOTE Register	ed Agent si		when reinstating)	statement for the lors. I hereby according to the lors of the lors	DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or puriled name of registered ag OFFICERS AN DIrector, Vice Pro	nul and title if applicable ID DIRECTORS SIDENT DEL	(NOTE Registers 13. LETE 1.11	ed Agent sig ITLE		when reinstating)		DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or puriled name of registered ag OFFICERS AN DIrector, Vice Pro	nul and title if applicable ID DIRECTORS SIDENT DEL	(NOTE Registers 13. LETE 1.11	ed Agent sig TITLE NAME	gnature required	when reinstating)		DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS AN DIRECTOR, VICE Prof PITTS, CAROL A. -30725 U.S. 19 NORTH 23	INVITATION APPLICABLE IND DIRECTORS SIDENT DEL 197 U.S. Hwy. 1	(NOTE Register 13. LETE 1.11 12.1 # /9 N 1.3.5	ed Agent sig TITLE NAME STREET ADD	gnature roquired	when reinstating)		DATE	DIRECT	ORS IN 12
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4. 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 changed, or on an attachment with an address.

SIGNATURE:

Hi Si

Steven Lee Pitts 4/99/98 210-651-903