

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V57052** (5)

1. Corporation Name

**GOLFER'S PARADISE, INC.**



Principal Place of Business

29949 S.R. 54 WEST  
SUITE A  
WESLEY CHAPEL FL 33543

Mailing Address

29949 S.R. 54 WEST  
SUITE A  
WESLEY CHAPEL FL 33543

2. Principal Place of Business

21 15307 Amberly Dr

Suite, Apt. #, etc.

22 122

23 TAMPA FL

Zip

24 33647

Country

25 USA

2a. Mailing Address

25 15307 Amberly Dr

Suite, Apt. #, etc.

27 122

28 TAMPA FL

Zip

29 33647

Country

30 USA

3. Date Incorporated or Qualified  
08/10/1992

3a. Date of Last Report  
08/11/1995

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MAST, MARLO M  
29949 S.R. 54 W.  
STE. A  
WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent

81 Name MARLO M. MAST

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

15307 Amberly Dr, Suite 122

83

84 City

TAMPA

FL

85 Zip Code

33647

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: *Marlo M. Mast* MARLO M. MAST

4-29-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME MAST, MARLO M  
STREET ADDRESS 29949 S.R. 59 W. STE. A  
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE V ☒ DELETE

NAME MAST, MARLO  
STREET ADDRESS 15854 SANCTUARY DR.  
CITY-ST-ZIP TAMPA FL 33647-1075

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  
1.3 STREET ADDRESS 15307 Amberly Dr #122  
1.4 CITY-ST-ZIP Tampa FL 33647

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marlo M. Mast* MARLO M. MAST

Date

4-29-96

Daytime Phone # 813 949-0551

CR2E034 (12/95)