

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT.
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V61611 (2)
1. Corporation Name
GOLFER'S CHOICE, INC.

Principal Place of Business Mailing Address
3802 SR 674 3802 SR 674
RUSKIN FL 33573 RUSKIN FL 33573
US US

2. Principal Place of Business 2a. Mailing Address
21 3020 S.R. 674 26 3020 S.R. 674
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ruskin, Florida 28 Ruskin, Florida
Zip Country Zip Country
24 33570 25 Hillsborough 29 33570 30 Hillsborough

9. Name and Address of Current Registered Agent

AARON, RICHARD
10420 CRESTFIELD DR.
RIVERVIEW FL 33569

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
09/03/1992 05/16/1996
4. FEI Number Applied For
65-0358491 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
10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

8/31/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	AARON, RICHARD	10420 CRESTFIELD DR	RIVERVIEW FL	<input type="checkbox"/>
D	KAEN, HERBERT	3515 N.W. 61ST CIRCLE	BOCA RATON FL	<input type="checkbox"/>
D	AARON, LORNA	10420 CRESTVIEW DR	RIVERVIEW FL	<input type="checkbox"/>
D	KAEN, LILA	3515 N.W. 61ST ST	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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

APPROVED
AND
FILED

97 AUG 15 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)