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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 129811

N. GOLDRING CORPORATION

										
Principal Place of Business Mailing Address									751 0101	(#(#() (##)
675 SO PACE BLVD.			675 SO PACE BLVD.				• '			
PENSACOLA FL 32501			PENSACOLA FL 32501				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							11/28/1934			
2. Principal P	lace of Business	2a.	Mailing Address		_		4. FEI Number		Appli	ied For
21			6				59-0266015	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		_	ditional
22 27									Requ	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28	7:-	Cou			Trust Fund Contribution		ed to	rees
Zip	Country	-	Zip	30	nu y		This corporation owes the current year le Personal Property Tax.	itangible ☐ Yes	15	₹No
24	9. Name and Address of Curre	nt Regis	tered Agent	301			10. Name and Address of New Registered			3,10
	5. Name and Address of Curre	nt stagis	terou Agent		81	Name		95		
WAN	IEK, JOSEPH A					0	(D.O. David and J. Mark Assessments)			
675 SOUTH PACE BLVD					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PEN:	SACOLA FL 32501				83					
					-	-	<u>··</u>	105	Zip Co	vel a
•					84	City	Fi	85 2	пр СС	JUE
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	of Florid	ía. Such change was a	uthorized	by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appears	of changing pintment a	its re s regis	egistered stered
SIGNATURE										
12.	Signature, typed or printed name of registered ag OFFICERS A		_ 	: Registered	Agen	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TOR	S IN 12
TITLE	PD	אט טורנ	DELETE	1.1 TF	LE.		ABBITIONO/OF PAROES TO STITUE TO	☐ Chan		Addition
NAME	GOLDRING, WILLIAM A		<u> </u>	1.2 N						_
STREET ADDRESS	2811 TOULOUSE ST			- 1		ADDRESS				1
CITY-ST-ZIP	NEW ORLEANS, LA 00000			1.4 CI						
TITLE	D		DELETE	2.1 TF		, - <u></u> , -		Chan	ige .	☐ Addition
NAME	GIENSENSCHLAG, CLYDE			2.2 N		1				1
STREET ADDRESS	2811 TOULOUSE ST			2.3 \$7	REET	ADDRESS				ĺ
CITY-ST-ZIP	NEW ORLEANS, LA 00000			2.4C		1		•		!
TITLE	VD		DELETE	3.1 TI				Chan	ige	Addition
NAME	GREEN, C A			3.2 N/	ME					
STREET ADDRESS	675 S PACE BLVD			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 00000			34.C	TY-S	T-ZIP		_		
TITLE	V		DELETE	4.1 TC	rle.			Char	ge	☐ Addition
NAME	WANEK, JOSEPH A.			4. 2 N	AME	-				
STREET ADDRESS				4.3 S1	REET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			44 CI	ry-s	T-ZIP				
TITLE	VD		☐ DELETE	5.1 TI				☐ Char	ige	Addition
NAME	FINE, PAUL			5.2 N/	ME		-			
STREET ADDRESS	2811 TOULOUSE STREET			5.3 S1	REET	ADDRESS	•			
CITY-ST-ZIP	NEW ORLEANS LA			5.4 CI	TY-S	T-ZiP				
TITLE	ST		☐ DELETE	6.1 11	LE			Char	ige _	☐ Addition
NAME	JANUSA, ALBERT			6.2 N	ME	ļ				ı
STREET ADDRESS				6.3 \$1	REET	ADDRESS				

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 of supplier ental 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NEW ORLEANS LA

FILED

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90005 049 ***150.00

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