FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:11

DOCUMENT # **569095** **(3)**

1. Corporation Name
GOLDEN SOUTH, INC.

Principal Place of Business	Mailing Address
~~6205 AIRPORT ROAD~~ ~~MISSISSAUGA ONTARIO FL 33134~~	~~6205 AIRPORT ROAD~~ ~~MISSISSAUGA ONTARIO FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business: 21 6205 B AIRPORT ROAD	2a. Mailing Address: 26 6205 B AIRPORT ROAD
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Mississauga,Ontario,	City & State: 28 Mississauga, Ontario
Zip: 24 L4V 1E3 Country: 25 Canada	Zip: 29 L4V 1E3 Country: 30 Canada
4. FEI Number: 59-1949133 ☐ 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

BRIDGES, ROGER A.
334 MINORCA AVE
STE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FIDANI, EDDIE	12 NAME	
STREET ADDRESS	5 COLCHESTER COURT	13 STREET ADDRESS	
CITY ST ZIP	ISLNGTN ONTAR CANADA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FIDANI, HAROLD	22 NAME	
STREET ADDRESS	11 BURKSTON PLACE	23 STREET ADDRESS	
CITY ST ZIP	ISLNGTN ONTAR CANADA	24 CITY ST ZIP	
TITLE	V SD	31 TITLE	☐ Change ☐ Addition
NAME	FIDANI, EDDIE	32 NAME	
STREET ADDRESS	5 COLCHESTER COURT	33 STREET ADDRESS	
CITY ST ZIP	ISLNGTN ONTAR CANADA	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	FIDANI, OREY	42 NAME	
STREET ADDRESS	48 EDENBROOK HILL	43 STREET ADDRESS	
CITY ST ZIP	ISLNGTN ONTAR CANADA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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, added or deleted.

SIGNATURE: Eddie Fidani May 15, 1995 (905)677-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427016 FP