

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90071 020 ***150.00

DOCUMENT # F96000005305

1. Corporation Name

GOLDCON VENTURES, INC.

Principal Place of Business

**221 PONTE VEDRA PARK DR., #400
PONTE VEDRA BEACH FL 32082**

Mailing Address

**221 PONTE VEDRA PARK DR., #400
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3395528

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 107 PLANTERS ROW W.
Suite, Apt. #, etc.

2a. Mailing Address

26 107 PLANTERS ROW W.
Suite, Apt. #, etc.

City & State

23 PONTE VEDRA BEACH, FL

Zip Country
24 32082 25 U.S.A.

City & State

28 PONTE VEDRA BEACH, FL

Zip Country
29 32082 30 U.S.A.

9. Name and Address of Current Registered Agent

**GOLDBERG, MARVIN H
221 PONTE VEDRA PARK DR., #400
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name

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

107 PLANTERS ROW WEST

83

84 City

PONTE VEDRA BEACH FL

85 Zip Code

32082

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GOLDBERG, MARVIN H**
CITY-ST-ZIP **221 PONTE VEDRA PARK DR., #400
PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **GOLDBERG, SARA**
CITY-ST-ZIP **221 PONTE VEDRA PARK DR., #400
PONTE VEDRA BEACH FL 32082**

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 **107 PLANTERS ROW WEST**
1.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **107 PLANTERS ROW WEST**
2.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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 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, with all other like empowered.

SIGNATURE:

Marvin H. Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 904-285-9979
Date Daytime Phone #

0016154

CR2E034 (11/98)