

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K20815 (2)**  
 1. Corporation Name  
**THE GOLDEN WHISK, INC.**



Principal Place of Business: **7932 FLAGLER COURT SOUTH WEST PALM BEACH FL 33405**  
 Mailing Address: **MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY . P.O. BOX 2715 PALM BEACH FL 33480-4302**

3. Date Incorporated or Qualified: **04/07/1988**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **65-0044810**      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

2. Principal Place of Business (21-24)      2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: **MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SIXTH FLOOR SIXTH FLOOR PALM BEACH FL 33480-1310**  
 10. Name and Address of New Registered Agent (81-85):  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_      85 Zip Code: **FL**

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>MENDOZA, MARIO G. DE.III</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>RITCH, LESLIE M.</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>MCINTOSH, DAVID</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>WILKINSON, DEBRA</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Leslie M. Ritch*      X 4-0-07      561/533-7932

CR2E034 (9/96)