

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P08497** (0)

1. Corporation Name
INCH OF GOLD, INC.



Principal Place of Business: **3965 INVESTMENT LANE A-9 RIVIERA BEACH FL 33404**
Mailing Address: **3965 INVESTMENT LANE A-9 RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified: **12/20/1985**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **88-0184002**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**KRETCHMAR, WILLIAM J.
5622 PENNOCK POINT RD
JUPITER FL 33458**

10. Name and Address of New Registered Agent
81 Name: **KRETCHMAR, WILLIAM J.**
82 Street Address (P.O. Box Number is Not Acceptable): **2415 CASA DE MARBELLA**
83
84 City: **PALM BEACH GARDENS** FL 85 Zip Code: **33410**

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]* 1/17/96
Signature of individual or printed name of registered agent or officer or director (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRETCHMAR, WILLIAM J.	
STREET ADDRESS	723 ANCHORAGE DR.	
CITY-STATE-ZIP	N. PALM BCH. FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	KRETCHMAR, WILLIAM J.	
STREET ADDRESS	723 ANCHORAGE DR.	
CITY-STATE-ZIP	N. PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRETCHMAR, WILLIAM J.	
STREET ADDRESS	723 ANCHORAGE DR.	
CITY-STATE-ZIP	N. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRETCHMAR, WILLIAM J.	
1.3 STREET ADDRESS	2415 CASA DE MARBELLA	
1.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRETCHMAR, WILLIAM J.	
2.3 STREET ADDRESS	2415 CASA DE MARBELLA	
2.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KRETCHMAR, WILLIAM J.	
3.3 STREET ADDRESS	2415 CASA DE MARBELLA	
3.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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: *[Signature]* 1/17/96 407-842-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)