2-14-47 B-1902 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

561-842-3103

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08497

(0)

3965 INVESTMENT LANE A-9

RIVIERA BEACH FL 33404-1731

Mailing Address

INCH OF GOLD, INC.

Principal Place of Business

3965 INVESTMENT LANE A-9

RIVIERA BEACH FL 33404

SIGNATURE:

3. Date incorporated or Qualified 3a. Date of Last Report 12/20/1985 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 88-0184002 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name KRETCHMAR, WILLIAM J. **5822 PENNOCK POINT RD B2** Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 **B3** City 84 Zip Code 65 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 registored agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE THILE X Change Addition 1.1 TOLE PD KRETCHMAR, WILLIAM J. NAME 1.2 NAME CR2E034 KRETSCHMAR, WILLIAM J. 2415 CASA DE MARBELLA STREET ADDRESS 1.3 STREET ADDRESS 570 OCEAN DRIVE PENTHOUSE #2 PALM BEACH GARDENS FL CITY-ST-ZIP JUNO BEACH, FL 33408 1.4 CITY-ST-ZIP DELETE X Change TITLE 2.1 TITLE Addition KRETCHMAR, WILLIAM J KRETSCHMAR, WILLIAM J NAME 22 NAME 2415 CASA DE MARBELLA 570 OCEAN DRIVE PENTHOUSE #2 STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL JUNO BEACH, FL 33408 CITY - ST - ZIF 2. 4 CITY - ST - ZIP TITLE ☐ DELETE 3.1 TITLE Y Change Addition KRETCHMAR, WILLIAM J NAME 3.2 NAME KRETSCHMAR, WILLIAM J. 2415 CASA DE MARBELLA STREET ADDRESS 3.3 STREET ADDRESS 570 OCEAN DRIVE PENTHOUSE #2 PALM BEACH GARDENS FL CITY - ST - ZIP 3.4. CITY-ST-ZIP JUNO BEACH, FL TITLE DELETE Change Addition 4.1 THTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 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.

IGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME