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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08497

INCH OF GOLD, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90043 027 ***150.00



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Principal Pla	ace of Business	Mailing	Address				- I IRBUSEBUT LIT DAIÀT AUTST ATBIA	fing indt befei di	DIA BIBAL BIÇILI	Ny dia mandra 1986.
3965 INVESTI RIVIERA BEAC	MENT LANE A-9 CH FL 33404		VESTMENT LANE (BEACH FL 33404			•		:		• • • • • • • • • • • • • • • • • • • •
	4	-						RITE IN THIS	SPACE	· .
							3. Date Incorporated or Qualife	d		
		·					12/20/1985			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For
21 26							88-0184002		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75	
22 27							5. 55.115010 07 510100 5051100		Fee Re	quired
City & State							6. Election Campaign Financing	, _	\$5.00	May Be
23		28					Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	•	Cor	intry		8. This corporation owes the cu	rrent year Inta	ngible	i
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered	l Agent		ļ.,		10. Name and Address of New	Registered A	gent	
₽ Di	CTOMAND MAILTARA	•			81	Name	•			
KRETCHMAR, WILLIAM J.					82	Street Addre	ss (P.O. Box Number is Not Accep	table)		
2696 NW 64TH BLVD						00011100.0	ress (F.O. DOX Number is Not Acceptable)			-17. SUB-1 07
BO	CA RATON FL 33496				83			111111111111111111111111111111111111111	11 6.3-1 2.31	841 Gar 1481
									14 E S 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	68a 98. (20)
					84	City	,	FI	85 Zip (Code
11. Pursuan	t to the provisions of Sections 607.05	502 and 607.15	08. Florida Statut	es, the a	pove	-named corpo	ration submits this statement for th	e nurpose of c	hanging its	registered
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Su	ich change was a	uthorized	by i	the corporation	n's board of directors. I hereby acc	ept the appoint	tment as re	gistered
		gations of, Sect								
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applie				etschmar	when reinstating)	January	6, 19	99
12.		AND DIRECTO		13.	Ageni	r edulam.	ADDITIONS/CHANGES TO O	• •	OUDECTO	DC IN 12
TITLE	PD		☐ DELETE	1.1 TI	TIF			FFICERS AND	Change	Addition
NAME	KRETCHMAR, WILLIAM J.			1.2 NA			13 x 32 10 1		onarige	7
				1						
STREET ADDRESS		•				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		C) per exe	_	TY-ST	-ZIP				
TITLE .	VST		DELETE	2.1 TIT					Change	Addition
NAME	KRETCHMAR, WILLIAM J		1	2.2 NA	ME					1
STREET ADDRESS		#2		2.3 ST	REET	ADDRESS				ĺ
CITY-ST-ZIP	JUNO BEACH FL			2. 4 CI	ITY-ST	r-ZIP				
TITLE	D and the state	•	☐ DELETE	3.1 T)1	TLE				☐ Change	☐ Addition
NAME :	KRETCHMAR, WILLIAM J			3.2 NA	ME					*
STREET ADDRESS	,2696 NW 64TH BLVD			3.3 ST	REET	ADDRESS	g * jaj* i i g	2、11月11月11日 - 11月1日	a Brigagi, gara y	14- 614-1 85.
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NAME			☐ DELETE	4.1 T∏		i		5 35 7 3 E	Change:	- E3 Addinon
STREET ADDRESS			☐ DELETE	4.1 T∏ 4.2 N/	rle.				Change:	Addition
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gi s	,	4.2 N/	rle Ame	ADDRESS			Change:	Addition
CITY-ST-71P		fine of the second	,	4.2 N/ 4.3 STI	ILE AME REET	ADDRESS			Change:	Addition
CITY-ST-ZIP		fa i Spirit	1.	4. 2 N/ 4.3 STI 4.4 C∏	TLE AME REET / TY-ST-					7.
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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.

6.4 CITY-ST-ZIP

CITY+ST-ZIP

MATURE WINITEM URKTETSchmar January 6, 1999

(561) 842-3103

Daytime Phone #