

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

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073546 (1)
1. Corporation Name
GOLEMIST, INC.



Principal Place of Business 4077 N.E. 5TH TERR. FT. LAUDERDALE FL 33334	Mailing Address 4077 N.E. 5TH TERR. FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5729 VISTA LINDA LN	2a. Mailing Address 26 5729 VISTA LINDA LN
22 15	27
23 BOCA RATON, FL	28 BOCA RATON, FL
24 33433 Country USA	29 33433 Country USA

3. Date Incorporated or Qualified 10/06/1994	Applied For Not Applicable
4. FEI Number 65-0525071	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LESKU, NASI M
11780 N.W. 14 ST. PLANTATION ACRES
PLANTATION ACRES FL 33323**

10. Name and Address of New Registered Agent

81 Name PETER STASSA, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 5729 VISTA LINDA LANE
83
84 City BOCA RATON FL 85 Zip Code 33433

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 Peter Stassa, Jr. (PETER STASSA, JR.) DATE 4-26-98
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STASSA, PETER JR	
STREET ADDRESS	5729 VISTA LINDA LANE	
CITY-ST-ZIP	BOCA RATON FL 06811	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOODFELLOW, ROBERT	
STREET ADDRESS	98 MILL PLAIN RD.	
CITY-ST-ZIP	DANBURY CT 06811	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, NORMENT	
STREET ADDRESS	3 SKYLINE DR.	
CITY-ST-ZIP	BROOKFIELD CT 06804	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NASI, LESKU	
STREET ADDRESS	11780 N.W. 14 ST.	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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 Peter Stassa, Jr. (PETER STASSA, JR.) DATE 4-26-98

CR2E034 (10/97)