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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 251008

(9)

THE GOLD CARRIAGE, INC. Principal Place of Business Mailing Address 1441 TAMIAMI TR 2264 SE 27TH ST SUITE 585 PORT CYHARLOTTE FL 33948 CAPE CORAL FL 33904-3328 US						- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	3. Date Incorporated or Qualified 3a. Date of Last Report			
							09/08/1961	04/1	6/1996	
l	Principal P	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number	7.7	plied For	
21	Duito Aut	H. etc.	26 Suite Ast # ata	Suite, Apt. #, etc.			59-0940966			t Applicable
Suite Apt. #, etc.			 	27)			5. Certificate of Status Desired		\$8.75 A	
22				City & State			6. Election Campaign Financing		\$5.00	·
23	on, o cin	•	28				Trust Fund Contribution		Added t	
	 Zip	Country	Zip	Cou	intry		8. This corporation has liability for	_=		
24	•	25	29	30	-			Yes [
			of Current Registered Agent				10. Name and Address of New Re	gistered A	\gent	
1	Brin	K,LILLIAN M			81	Name				
	2264	SE 27TH ST			82 Street Address (P.O. Box Number is Not Acceptable)					
CAPE CORAL FL 33904										
ĺ					83					
j					84	City			85 Zip (Code
L.,						•		<u>FL</u>	1 1	
Į.	Pursuani office or r agent Ta inature	to the provisions of Sections egislered agent, or both, in m familiar with, and accept	s 607.0502 and 607.1508, Florida Statut the State of Florida. Such change was the obligations of, Section 607.0505, Florestein according to 1807.				oration submits this statement for the poor's board of directors. I hereby accepted when reinstating)	of the app	ointment as	registered
12.			CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
Tille		PD	DELETE	1.1 (1	TLE			······································	☐ Change	Addition
NAM	l í	BRINK, LILLIAN M		1.2 N	AME					
STRE	ET ADDRESS	2264 SE 27THS T		1,3 \$	TREET	ADDRESS				
1	- \$1-2IP	CAPE CORAL FL		1.4 Ci	ITY-S	T-21P				
TiTLE		D	DELETE	2.1 1				······································	Change	Addition
NAM	IF .	BRINK,DONALD		2.2 N	AME					
STRE	EL ADDRESS	2264 SE 27TH ST		238	TREET	ADDRESS				
CHTY	-\$1-76	CAPE CORAL FL		2 40	2TY-8	ST-ZIP	<u> </u>	J. C. L.		
Trible		7	☐ DFLETE	3.1 1	TLE				Change	Addition
NAM	lé i	Brink,Lilian M		3.2 N	AME					
STRE	ET ADDRESS	2264 SE 27TH ST		3.3 \$	IREET	ADDRESS				i
CHY	- ST - 71 ^p	CAPE CORAL FL		3 4. 0	ITY-S	ST-ZIP				
иц	F	\$	DELETE	4.1 11	TLE		\$		Change	Addition
NAM	l t	BRINK, DONALO		4.2 N		ļ				
STAE	ET ADDRESS	2264 SE 27TH ST		4.3 S	TREET	ADDRESS				
	- \$1 - ZIP	CAPE CORAL FL				T-ZIP				
FILL	E -		DELETE	5.1 1	TLE	"			Change	Addition
NAM	l£ .			5.2 N	AME					
STA	ET ADDRESS			5.3 S	TREET	ADDRESS				
CHV	07 700	}		1	itv.e	T 710				

14. I do hereby certify that the information supplied with this filling 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 Blog 13 if changed, or on an allapsing with an address.

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR DIRE