FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90019 024 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 251008

THE GOLD CARRIAGE, INC.

		•					
Principal Place of Business Mailing Address					1 1883/8 1/20/ 8/10/ 88/1/ 88/1/ 88/1/	411 E1E11 E1E11 E1E	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1441 TAMIAMI TR 2264 SE 27TH ST							
#395 SUITE 585					DO NOT WRITE IN THIS SPACE		
PORT CVHARLOTTE FL 33948 CAPE CORAL FL 33904					3. Date Incorporated or Qualifed		
US		US					
	<u> </u>	10- 11-N: Address			09/08/1961 4. FEI Number	- I Ann	lied For
2. Principal Place of Business 2a. Mailing Address					.		Applicable
21 26					59-0940966	\$8.75 Ad	
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Req	
27 27 City 8 State							
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
23	28		Country				1 663
Zip	Country	"'· ⊢		,	8. This corporation owes the current year Int	angible □Yes [× √∞
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Cur	rent Registered Agent	81	Name	to. Hame and Address of New Registered	- igoni	
RRIN	IK,LILLIAN M		"	Hamo			
	SE 27TH ST	•	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	E CORAL FL 33904		-				
CAP	E CORAL FL 33904		83	<u>'</u>			
			84	City		85 Zip Co	ode
				1	<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abov	e-named corp the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its regi	egistered istered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flori	da Statutes	3.	• • • • • • • • • • • • • • • • • • • •		
SIGNATURE	•						
	Signature, typed or printed name of registered			nt signature require	ed when reinstating) DATE	ID BUDECTOR	DC (N. 42)
12.		AND DIRECTORS	13.	- 1	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	T3 Modition
NAME	Brink,Lillian M		1.2 NAME				
STREET ADDRESS	2264 SE 27THS T		1.3 STREE	TADORESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BRINK,DONALD		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				-]
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME	BRINK LILIAN M		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS	·		
CITY-ST-ZIP			3.4. CITY-				
TITLE			4.1 TITLE			Change	Addition
NAME	BRINK, DONALD	_	4, 2 NAME	.			
STREET ADDRESS				T ADDRESS			
	CAPE CORAL FL		4.4 CITY-5				
CITY-ST-ZIP TITLE			5.1 TITLE	31-4F		☐ Change	Addition
		· Li occete	5.2 NAME		. •	_ ,	_
NAME	,			T ADDRESS			
STREET ADDRESS		•	5.4 CITY-5		·		ļ
CITY-ST-ZIP			6.1 TITLE	J1- LIF		Change	Addition
TITLE	· .	☐ NETE IE	6.2 NAME		·	5,701890	
NAME					•		
STREET ADDRESS	1 %		0.3 3 IKEE	T ADDRESS			}

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

SIGNATURE