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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 305243 1. Corporation Name

GOLDEN HAND KNIT SHOP INCORPORATED

	HAND NAIL SHOT INC.						
Principal Place	e of Business	Mailing Address			(195146 titl) 56161 5110 1101 5166 (1)		
Principal Place of Business Mailing Address 5841 S W 73RD STREET 5841 S W 73RD STREET			EET				
MIAMI FL 33143		MIAMI FL 33143			DO NOT WRITE IN THIS SPACE		
••••••••••••••••••••••••••••••••••••••					3. Date Incorporated or Qualifed		
					05/19/1966		. }
2. Driveing Blace of Business 2a. Mailing Address					4. FEI Number	Appl	ied For
2. Principal Place of Business		<u>⊢</u> 1			59-1143176		Applicable
:1	11 -1-	Suite, Apt. #, etc		·		\$8.75 Ad	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Req	uired
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 N	
- -7	le.	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		ountry	8. This corporation owes the current y	ear Intangible	
	25	29	30		Personal Property Tax.		□No .
24	9. Name and Address of Cu				10. Name and Address of New Regis	stered Agent	
				81 Name			
	INER, GRACE			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
584	1 SW 73RD ST						404 E 15 E 1 E 1 E 1 E 1
MIA	MI FL 33143			83			
				84 City		85 Zîp C	ode
				'	poration submits this statement for the purp tion's board of directors. I hereby accept the	<u>FL</u>	
12.		S AND DIRECTORS	1	ered Agent signature requ 13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	PD		#TF 1 1	1 TITLE		☐ Change	☐ Addition
NAME	[•	☐ DELE	1	1 TITLE		☐ Change	☐ Addition
	POLINER, GRACE	☐ DELI	1.3	2 NAME	11411	☐ Change	☐ Addition
STREET ADDRESS	POLINER, GRACE 5841 SW 73 ST.	☐ DELE	1.3 1.3	2 NAME 3 STREET ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	POLINER, GRACE		13 13 14	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change	☐ Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

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(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 one attachment with an address, with all other like empowered.

FILED

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90025 048 ***150.00