SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **379373** **(4)**

1. Corporation Name
GOLIN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12511 SW 95 TERR. MIAMI FL 33186 US	12511 SW 95 TERR. MIAMI FL 33186 US

3. Date Incorporated or Qualified: 03/26/1971
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business
21: 1224 CAMELLIA LANE
22: Suite, Apt. #, etc
23: City & State: FT. LAUD., FL.
24: Zip: 33326
25: Country: U.S.A.

2a. Mailing Address
26: 1224 CAMELLIA LANE
27: Suite, Apt. #, etc
28: City & State: FT. LAUD. FL.
29: Zip: 33326
30: Country: U.S.A.

4. FEI Number: 59-1323215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GOLIN, STANLEY
12511 SW 95TH TERR.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: Signature required for public filings of registered agent and/or officer applications (NOTE: Registered Agent's signature required when name changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GOLIN, STANLEY	
STREET ADDRESS	12511 SW 95 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	GOLIN, SUZANNE D	
STREET ADDRESS	12511 SW 95 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	GOLIN,SUZANNE D	
STREET ADDRESS	12511 SW 95TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley Golin June 10, 1996 305 592-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STANLEY GOLIN PRESIDENT