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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 381922



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

May 06, 1999 8:00 am Secretary of State 05-06-1999 90129 021 ***150.00

GOLD LI	INE ALUM, MFG. INC.					
Principal Place of Business Mailing Address					1 188188 11181 18161 (1818 18110 11814 (181 01	Sit Albii algu arası aldıs Alası taat
709-713 N W 2ND ST 42 RONALD RD HALLANDALE FL 33009 HOLLYWOOD FL 33023 US					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualifed	
		2a. Mailing Address			03/11/1971 4. FEI Number	Applied For
					59-1353224	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27						
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip				ν	This corporation owes the current year	
24	25		Countr	,	Personal Property Tax.	Yes No
24	9. Name and Address of Curren		301		10. Name and Address of New Register	
			8	1 Name		
DINAPOLI,VIOLA			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
109 HARVARD ROAD			0.	Olicel Add	mess (1.0. Box realined to receive support	
HOLLYWOOD FL 33023			8:	3		
	•		8-	4 City		85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ageing	tions of, Section 607.0505, Flori	ida Statute	s. 	ion's board of directors. I hereby accept the ap	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	. 1.1 TITLE			Change Addition
NAME	ARENA, MICHELLE 1.2		1.2 NAME			
STREET ADDRESS	42 RONALD RD	· · · · · · · · · · · · · · · · · · ·		ET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000			ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	DINAPOLI, VIOLA		2.2 NAME			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			☐ Change ☐ Addition
TITLE			3.1 TITLE			Change Addition
NAME	110000, 001		3.2 NAME			
STREET ADDRESS	100 10 0111			ET ADORESS		
CITY-ST-ZIP	□ DELETE		3.4. CITY- 4.1 TITLE	SI-ZIP		Change Addition
TITLE NAME			4. 2 NAME			
STREET ADDRESS				ET AODRESS		
			4.4 CITY-			
CITY-ST-ZIP TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	_	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: