## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT :	#

399969

(5)

GOLDEN CUE, INC.

Principal Place of Business

Mailing Address



299 N BABCOCK ST MELBOURNE FL 32935		299 N BABCOCK ST MELBOURNE FL 32935				
					3. Date Incorporated or Qualified 04/25/1972	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1396894	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State			City & State		6. Election Campaign Financing	55.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for intangible tax under si 199.032, Florida Statutes	
24	9. Name and Address of Curren	29	30		No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New F	Registered Agent
5411011	TDD05 (0)#11		6,	Name		
	TRIDGE, JOHN H		82 Street Add		Idress (P.O. Box Number is Not Acceptable)	
	OLK STREET		83			
WETRO	urne fl 32935		83			
			84	City		FL 85 Zip Code
11. Pursuant to or registere familiar with	the provisions of Sections 607.0502 d agent of both or the State of Florio , and accept the about your of, Section	and 607,1508, Florida Sta la Such change was autho on 607,0506, Florida Statu	lutes, the above-rorzed by the corp tes.	named corpori oration's boar	ation submits this statement for the pu d of directors. I nereby accept the app	rpose of changing its registered office ontmont as registered agent. I am
SIGNATURE.	graff typed or patient name of engineers agent		TER 5.01	tuund Esquature response	- 4	4/26/96
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1 1046			Change  Addition
NAME	Daughtridge, John H		1.2 NAM <sub>t</sub>			
STREET ADDRESS	1170 POLK STREET		1.3 \$1R861	ADDRESS		[
CITY-ST-ZIP	MELBOURNE FL		1.4 CHY- S	1 - 21F		
TITLE	STD	DELFTE	2 1 TITL <del>F</del>			Change C Addition
NAME	OHMAN, PETER S		2 2 NAME			
STREET ADDRESS	871 TUPELO DRIVE		2 3 STREET	ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2 4 CITY - 5	T - ZIP		
TITLE	D	☐ DELETE	3 1 TITL€			Change Addition
NAME	WILDMAN, PHYLLIS J		3.2 NAME			
STREET ADDRESS	1311 HARRY SUTTON RD		33 STR:E	ADDRESS		
CITY - ST - ZIP	MELBOURNE FL		34 CHTY S	T-21P		
TITLE		DELETE	4 1 Tifly€			Change Addition
NAME			4.2 NAMe			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-SF-ZIP			4.4 CI*Y - S	T- <b>Z</b> IP		
TITL€		☐ DELETE	5 1 TITLE			Charge Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			54 CiTY - S			
TIPLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAM:			<u> </u>
STREE! ADDRESS			63 STREET	ADDRESS		
CITY - ST - ZIP	•			1		
	cortify that the information our plant u	oth the flips is as interit f	64 CITY - S	1 · ZIF		0/20/11 51-21-0

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 119.0/(3)(k), Florida Statutes | 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, group intrichment with an address

SIGNATURE:

SIGNATURE AND RESO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407-254-5477