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

PROFIT **CORPORATION** ANNUAL REPORT

1996



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

DOCUI	MENT # 47610	03 (7)			
•	GOLDEN NEEDLE, INC.				
Principal Place of Business Mailing Address					OM SANS MIRNI REMIN BINNI REMIN MERES MIRIS SOUS
301 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 201 E. ATLANTIC BLVD. POMPANO BEACH FL 33060					
				3. Date Incorporated or Qualified 05/13/1975	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FE: Number 59-1588770	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax under s 199.032,
24	25 9. Name and Address of Curre	29 Acent	30	Florida Statutes Yes	
	g. Name and Address of Cure	iii negistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
TANNER, H. MARTIN, JR.			L.I	ddress (P.O. Box Number is Not Acceptable)	
171 S. E. 12TH COURT POMPANO BEACH FL 33060			83		
			84 City		85 Zip Code
or registere	ed agent, or both, in the State of Flori	ida. Such change was authorize	ed by the corporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered office intrent as registered agent. I am
familiar witi SIGNATURE	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.		, , , , , ,	
	Signature, typed or printed name of registered agen		TE: Registered Agent signature requir		DATE
12. TITLE	PD UTFICERS AN	D DIRECTORS	13. 1. 1 TiTLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	TANNER, H. MARTIN, JR.		1.2 NAME		Change Addition
STREET ADDRESS	171 S. E. 12TH COURT		1.3 STREET ADDRESS		
CiTY-ST-ZiP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME (22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE .		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREE! ADDRESS			3.3 STREET ADDRESS		
C!TY-ST-ZIP TITLE		☐ DELETE	3.4 CITY - ST - ZIP		
NAME		[_] better	4. 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADORESS 4.4 CITY-ST-ZIP		
THILE		DELETE	5 1 TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	Change Addition
NAME			5 2 NAME		<u> </u>
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-ZIP			6.4 CiTY - ST - ZiP		
certify that i oath; that I	the information indicated on this anni	ual report or supplemental annu pration or the receiver or trustee	al report is true and accura- empowered to execute the	for the exemption stated in Section 119.0 ate and that my signature shall have the s iis report as required by Chapter 607, Flor	ame lead affect as if made under

SIGNATURE: Xmartin

LOWIL H. MARTIN TANNER
PPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

954.946.8880