

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **499502** (3)

1. Corporation Name

**S. I. GOLDMAN COMPANY**



Principal Place of Business

Mailing Address

**799 BENNETT ROAD  
P.O. BOX 526100  
LONGWOOD FL 32752**

**799 BENNETT ROAD  
P.O. BOX 526100  
LONGWOOD FL 32752**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHALIN, LAWRENCE J.  
SUITE 600, LANDMARK CENTER TWO  
225 EAST ROBINSON STREET  
ORLANDO FL 32801**

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | V                  | <input type="checkbox"/> DELETE |
| NAME           | BURKETT, RONALD    |                                 |
| STREET ADDRESS | 799 BENNETT ROAD   |                                 |
| CITY, ST, ZIP  | LONGWOOD FL        |                                 |
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | GOLDMAN, S I       |                                 |
| STREET ADDRESS | 799 BENNETT ROAD   |                                 |
| CITY, ST, ZIP  | LONGWOOD FL        |                                 |
| TITLE          | VD                 | <input type="checkbox"/> DELETE |
| NAME           | GOLDMAN, MARILYN S |                                 |
| STREET ADDRESS | 799 BENNETT ROAD   |                                 |
| CITY, ST, ZIP  | LONGWOOD FL        |                                 |
| TITLE          | ST                 | <input type="checkbox"/> DELETE |
| NAME           | GOLDMAN, MARILYN S |                                 |
| STREET ADDRESS | 799 BENNETT ROAD   |                                 |
| CITY, ST, ZIP  | LONGWOOD FL        |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |    |                                                                              |
|--------------------|----|------------------------------------------------------------------------------|
| 1. TITLE           | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |    |                                                                              |
| 3. STREET ADDRESS  |    |                                                                              |
| 4. CITY, ST, ZIP   |    |                                                                              |
| 5. TITLE           | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |    |                                                                              |
| 7. STREET ADDRESS  |    |                                                                              |
| 8. CITY, ST, ZIP   |    |                                                                              |
| 9. TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |    |                                                                              |
| 11. STREET ADDRESS |    |                                                                              |
| 12. CITY, ST, ZIP  |    |                                                                              |
| 13. TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |    |                                                                              |
| 15. STREET ADDRESS |    |                                                                              |
| 16. CITY, ST, ZIP  |    |                                                                              |
| 17. TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |    |                                                                              |
| 19. STREET ADDRESS |    |                                                                              |
| 20. CITY, ST, ZIP  |    |                                                                              |

14. I 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 in 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 furnished, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

1-407-830-5000

CS 2-22-96

CR2E034 (12/95)