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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

S.	I. GOLDM	an Company	

Principal Place of Business Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



·											
799 BENNETT ROAD P.O. BOX 526100 LONGWOOD FL 32752		P.0	799 BENNETT ROAD P.O. BOX 526100 LONGWOOD FL 32752				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							03/22/1976			·]
-	Place of Business	_	Mailing Address				4. FEI Number			plied For	4
21 Suite, Apt.	# 01-	26	Suite, Apt. #, etc.				<u>59-1658408</u>			t Applicable	4
22	#, etc.	27	Suite, Apr. #, etc.	•			5. Certificate of Status Desired	X	\$8.75 A		
City & Stal	te	(City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28			_		Trust Fund Contribution		Added t	o Fees	1
Zip	Country		Žip	Cot	ıntry		8. This corporation owes or has paid	the curi	ent year inta	angible	1
24	25	29		30	_		Personal Property Tax due June 3] No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
PHALIN, LAWRENCE J.				81	Name			TALL CONTRACTOR			
SUITE 600, LANDMARK CENTER TWO				82	Street Add	iress (P.O. Box Number is Not Acceptable		1,- 1	ma therean ro	4	
225 EAST ROBINSON STREET								27 440 514.4		·	
ORLANDO FL 32801					83		The state of the s	terest (colors	रम्बर इस्टाम्स <u>ञ</u> ्	ring.	1
					84	Cit			10= 7:- C	₹_11 2	-∤.
						City		FL	85 Zip C		
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations are the college to the college of the college o	of Florida	a. Such change was a	uthorize	d by	the corpora	poration submits this statement for the put altion's board of directors. I hereby accept	rpose of the appr	changing its sintment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if	applicable. (NOTE	: Registere	d Age	nt signature réqu	ired when reinstating)	- DATE		· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND	DIRECT	rors -	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 12	16
TITLE	PD	-	DELETE	1.1 TI	TLE		The state of the s	7.00	Change	Addition	(10/97
NAME	BURKETT, RONALD			1.2 N	AME						
STREET ADORESS	799 BENNETT ROAD			1.3 S	TREET	ADDRESS					
CITY - ST-ZIP	LONGWOOD FL			1,4 C	ITY-S	T-ZIP					R2E034
7171 E	Ċň		DELETE	217			 		Change	Addition	ᄚ

longwood fl CITY - ST - ZIP ČĎ DELETE 2.1 TITLE Change Addition GOLDMAN, S I NAME 2.2 NAME **799 BENNETT ROAD** STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE GOLDMAN, MARILYN S NAME 3.2 NAME 799 BENNETT ROAD STREET ADDRESS 3.3 STREET ADDRESS LONGWOOD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE GOLDMAN, MARILYN S NAME 4. 2 NAME 799 BENNETT ROAD STREET ADDRESS 4.3 STREET AUDRESS LONGWOOD FL CITY-ST-ZIP 4.4 CITY-ST-ZIP ___ DELETÉ TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 T∏LE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

th this filing does not qualify for the exemption stated in Section 119.07(3(fi), Florida Statutes. I further certify that the information 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 an exemption trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chment with an address. 14. I hereby certify that the information sup indicated on this annual report or supp officer or director of the corporation of Block 12 or Block 13 if changed, or of

SIGNATURE:

1/6/98

1-407-830-5000