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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 634952 1. Corporation Name

NELSON	HGOLDM.	AN ELECTROLYS	ils, inc.								
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Principal Place of Business Mailing Address								•			
6100 W. ATLANTIC BLVD., BAY 7 6100 W. ATLANTIC BLVD., MARGATE FL 33063 MARGATE FL 33063											
WANGATETES			MARIOATE	1 1 30003				DO NOT WRITE IN THIS	SPACE		
								3. Date Incorporated or Qualifed			
								09/04/1979		}	
2. Principal P	lace of Busin	ness	2a. Mailing	g Address	SS.			4. FEI Number	Ap	plied For	
21			26	26				59-2038831	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc								5. Certificate of Status Desired	\$8.75	Additional	
22 27								5. Certifcate of Status Desired	Fee Re	quired	
City & State City &				ty & State				6. Election Campaign Financing	\$5.00	May Be	
23 28				I .				Trust Fund Contribution Added to Fees			
Zip	_ ·			Zip Country				8. This corporation owes the current year Intangible			
24	25 29 30			30			Personal Property Tax.	Yes	□No		
	9. Name	and Address of Curr	ent Registered A	gent		241		10. Name and Address of New Registered	Agent		
NEI (	SON, SUZA	MIME				81	Name				
	) W. ATLAN		•		l	82	Street Address (P.O. Box Number is Not Acceptable)				
	GATE FL 3					150 to be designed as a second of the second			A		
INAN	CATEFES	3003				83					
					ŀ				85 Zip (	Code	
							•	FL	• <u> </u>		
11. Pursuant office or nagent. I a	to the provis egistered ag m familiar w	ions of Sections 607.09 ent, or both, in the Stati ith, and accept the obli	502 and 607.1508 te of Florida. Such gations of, Section	i, Florida Statut i change was a n 607.0505, Flo	es, the at uthorized rida Statu	bove- I by tl utes.	-named corpo he corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered	
SIGNATURE										ì	
	Signature, typed	or printed name of registered a	<u> </u>			Agent	signature required	when reinstating)			
12.	DD	OFFICERS A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	CHIZANINE		DELETE	1,1 TIT	ILE			☐ Change	☐ Addition	
NAME	·· ·· · · · ·· · · -										
STREET ADDRESS 8539 N.W. 18TH PL					1.2 NA		I				
		/. 18TH PL			1.3 STI	REET	ADDRESS			}	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90035 044 \*\*\*150.00

95-4-972 8699