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

**PROFIT CORPORATION** ANNUAL REPORT

STREET ADDRESS

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	IAL REPORT	./	ary of State	Secretary	of State	
		00000702 (0)	)			
HORAN	I, GOLDMAN COMPANIE	S, INC.				
Principal Place	of Business	Mailing Address		1 I ANGLAND 1916 LAVIN D1834 ENVEY DALIN DALIN DALIN	ODSAL BESTY FORM BANKE STELL HOEL	
485 DEVON PARK DRIVE. \$TE 115			vē, ste 115	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
9 Principal Pt	ace of Business	2a. Mailing Address	····	02/14/1994 4. FEI Number	Applied For	
21)	ace of Business	26		23-1735641	Not Applicable	
Suite, Apt. 9	#, 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	
<b>Z</b> ip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registers	ed Agent	
	rres, ronald		81 Name		4.5%	
	O NW 41ST STREET		82 Street Ad-	82 Street Address (P.O. Box Number is Not Acceptable)		
MIZ	MM FL 33178		83		· · · · · · · · · · · · · · · · · · ·	
			84 City	<b>_</b>	85 Zip Code	
	o the provisions of Sections 607, opistored agent, or both, in the String far "lar" th, and accept the ob-	0502 and 607.1508, Florida Stati tate of Florida. Such change was oligations of, Section 607.0505, F	utes, the above-named co s authorized by the corpor- lorida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered	
SIGNATURE	Signature, typed or printed it the of registered	dagent ånd tilke if applicable (NC	OTE Registered Agent signature req	uired when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	The second secon	
TITLE	POCAN THOMAS B	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME .	ROGAN, THOMAS B. 9690 NW 41ST STREET		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP			
TITLE	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	TORRES, RONALD		2.2 NAME			
STREET ADDRESS	9690 NW 41ST STREET		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		:	
TITLE	ST	DETELE	31 TITLE		Change Addition	
NAME	FRANCO, MARY M.		32 NAME			
STREET ADDRESS	485 DEVON PARK DR STE	115	3.3 STREET ADDRESS			
CITY-ST-ZIP	WAYNE PA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
TITLE NAME		D presig	4.1 HILE 4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		, ,	
TITLE		DELFTE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition	
MALIC			6 2 NAME	•		

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

**FILED** 

Mar 04 1998 8:00am