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 # F9800003647

1. Corporation Name

S.I. GOLDMAN COMPANY, INC.

0111 002										
Principal Place of Business Mailing Address							(#801480 (FIM INCOL FACIL AND COL)		BB 1311E BITH BI	811 IAMI (891
799 BENNETT DR 799 BENNETT DR										
LONGWOOD FL 32750 LONGWOOD FL 32750					DO NOT WRITE IN THIS SPACE			PACE		
						3	3. Date Incorporated or Qualifed 06/19/1998			
2. Principal Place of Business 2a. Mailing Add			dress				4. FEI Number		App	lied For
799	Bennett Drive	26					APPLIED FOR 74-288	30219	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ad		
22 .		27					5. Certificate of Status Desired		Fee Req	uired
City & State		City & State				-e	5. Election Campaign Financing	<u></u>	\$5.00 N	-,
23 Long	wood, FL	28					Trust Fund Contribution Added to Fees			
Zip Country		Zip	├ - '			8	8. This corporation owes the current year Intangible			
24 3275		29	30				Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agen	<u>t</u>	81	N	10	0. Name and Address of New Ro	egistered A	jent	
СТ	CORPORATION SYSTEM			81	Name					
1200 SOUTH PINE ISLAND ROAD				82	Street A	Address ((P.O. Box Number is Not Acceptal	ole)		
PLANTATION FL 33324				83						
				84					TT	
					City			FL	85 Zip Co	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such cha	ange was author	rized by	the como	corporation's l	on submits this statement for the poored of directors. I hereby accept	ourpose of cl the appoint	nanging its regiment as regi	egistered istered
SIGNATURE								/30/99	1	
	Signature, typed or printed name of registered agen		(NOTE: Regis		t signature red	equired wher	n reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	ES IN 12
12.		D DIRECTORS		13. 1,1 TITLE			ADDITIONS/CHANGES TO OFF		Change	Addition
TITLÉ	CDV									
NAME	BEITTENMILLER, J. GORDON		E .	1.2 NAME						
STREET ADDRESS	THREE RIVERWAY, SUITE 200			1.3 STREET						
CITY-ST-ZIP	HOUSTON TX 77056			1.4 CITY-ST	r-ZIP				Change	Addition
TITLE	\$	LJ		2.1 TITLE					☐ Change	☐ Addition
NAME	GEORGE, WILLIAM			2.2 NAME						
STREET ADDRESS	THREE RIVERWAY, SUITE 200			2.3 STREET	ADDRESS		•			
CITY-ST-ZIP	HOUSTON TX 77056			2. 4 CITY-S	T-ZIP					
TITLE	Р	П	DELETE	3.1 TITLE					Change	☐ Addition
NAME	Burkett, ronald j			3.2 NAME	}	1				
STREET ADDRESS	799 BENNETT DR			3.3 STREET	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750			3.4. CITY-S	T-ZIP					
TITLE			DELETE	4,1 TITLE					Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS			ŀ	4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	r-ZIP					
TITLE			DELETE	5.1 TITLE		_			☐ Change	☐ Addition

CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. 14. I hereby certify that the informa indicated on this annual repor officer or director of the corpo Block 12 or Block 13 if chang

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Ronald - J. Burkett

DELETE

(407) <u>830-5000</u>

☐ Change

☐ Addition

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90034 008 ***150.00