SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

GOLDEN RULE ACADEMY, INC.

(2)

## **FILED** Sep 02 1998 8:00am Secretary of State



7130-

Principal Place of Business Mailing Address				- E FORDINA BROD DENTE DIADO REDAD REDAD REDAD	8181 81811 81824 81811 81841 81841 81811 1881
1144 NW THRE	TY FIRST AVENUE LE FL 33311	1144 NW THIRTY FIRST AVENUE FT. LAUDERDALE FL 33311			
TI. DIQUELLE TE VI			•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/24/1983	,
2. Principal P	lace of Business	2a. Mailing Address	··	4. FEI Number	Applied For
21		26		59-2229323	Not Applicable
Suite, Apt. #, 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
23		28		Trust Fund Contribution	Added to Fees
Zip Country		Zip	Country	8. This corporation owes or has paid the current fear Intangible	
24	25	29	30	Personal Property Tax due June	30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	NES, SHARON		81 Name		
	N.W. THIRTY FIRST AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
FOR	T LAUDERDALE FL 33311		83	,	,
					Jeel 7: 0.4
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corpo	pration submits this statement for the pur	nose of channing its registered
agent. I a	am fa <b>mil</b> iar with, and accept the obli	gations of, section 607.0505, FI	authorized by the corporati orida Statutes.	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typod or printed name of registered ag	eol and title if applicable (N	OTE: Registered Agent signature reg	uired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTS	DELETE	1.1 TITLE		Change Addition
NAME	HAYNES, SHARON	£	1.2 NAME		One ign Ed realist
STREET ADORESS	7740 NW 45TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ft. <b>L</b> auderdale fl		1.4 CiTY-ST-ZiP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE		L. J DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		{] DELETE	6.1 TITLE		Change Addition
NAME CTOCCT ADDOCCC			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby ce	etify that the information supplied wit	h this filing does not qualify for t	he exemption stated in sec	tion 119.07(3)(i), Florida Statutes. I furth	ar certify that the information
indicated o an officer o	n this annual report or supplementa	l annual report is true and accu eceiver or trustee empowered to	rate and that my signature	shall have the same legal effect as if m quired by Chapter 607, Florida Statutes;	ade under oath; that I am