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

FILED Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # H50547 (9) THE GOLD WORKS, INC. Principal Place of Business Mailing Address 245 TONEY PENNA DRIVE % TOWNSEND P. COLEMAN. JR. 427 PRESTWICK LANE 427 PRESTWICK LANE DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33418 JUPITER FL 33458 3. Date Incorporated or Qualified 04/04/1985 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2519609 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name COLEMAN, TOWNSEND P., JR. 427 PRESTWICK LANE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 City 84 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition 1.1 TITLE TITLE COLEMAN, TOWNSEND P. JR 1.2 NAME NAME 427 PRESTWICK LN STREET ADDRESS 1.3 STREET ADDRESS PALM BCH.GARDENS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE NAME COLEMAN, JANE A. 2.2 NAME STREET ADDRESS **427 PRESTWICK LN** 2.3 STREET ADORESS PALM BEACH GARDENS FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE STEENKAMP, RUDIE 32 NAME 11172 161ST STREET 3.3 STREET ADDRESS STREET ADDRESS JUPITER FARMS FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

4. Thereby 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 13 if changed, group an attantionary with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition