ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90015 018 ***550.00

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H50547

Corporation Name
THE GOLD WORKS, INC.

Principal Place of Business	Mailing Address
245 TONEY PENNA DRIVE 427 PRESTWICK LANE JUPITER FL 33458 JS	% TOWNSEND P. COLEMAN. JR. 427 PRESTWICK LANE PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 04/04/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-2519609	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

COLEMAN, TOWNSEND P., JR.
427 PRESTWICK LANE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

1. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	COLEMAN, TOWNSEND P. JR		1.2 NAME	
REET ADDRESS	427 PRESTWICK LN		1.3 STREET ADDRESS	
TY-ST-ZIP	PALM BCH.GARDENS FL		1.4 CITY-ST-ZIP	
TLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	COLEMAN, JANE A.		2.2 NAME	
REET ADDRESS	427 PRESTWICK LN		2.3 STREET ADDRESS	
TY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	
TLE	VP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	STEENKAMP, RUDIE		3.2 NAME	
REET ADDRESS	11172 161ST STREET		3.3 STREET ADDRESS	
TY-ST-ZIP	JUPITER FARMS FL		3.4 CITY-ST-ZIP	
TLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY-ST-ZIP	
TLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

4. 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.

SIGNATURE: Jane A. Coleman JANE A. COLEMAN 7/1/99 561-746-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #