## 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 # **J97168**

1. Corporation Name

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90061 027 \*\*\*150.00

GOLDJA	CK, INC.				
Principal Place	e of Business	Mailing Address			T (88)/58 alva rávin vedan vieta antez ram dram aram aram aram aram aram i saer
% STUART J. STARR % STUART J. STARR 2424 N. FEDERAL HWY. 2424 N. FEDERAL HWY.					DO NOT WRITE IN THIS SPACE
FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305					3. Date Incorporated or Qualified 10/12/1987 1-2-81
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 Stanley Grivacit 26 Stanley Gris			riova	1012	65-0012151 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			J		5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & Stat	City & State City & State				6. Election Campaign Financing S5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent
CDB	HACK STANLEY		81	Name	
GRIVJACK, STANLEY 2424 N. FED HWY			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
FT. I	AUDERDALE FL 33305		83		
			84	City	FL 85 Zip Code
agent. I a	m familiar with, and accept the obligat	lions of, Section 607.0505, Florida	Statutes		ation's board of directors. I hereby accept the appointment as registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIVJACK, STANLEY		1.2 NAME		
STREET ADDRESS	2424 N. FEDERAL HIGHWAY		1.3 STREE	TADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	T-ZIP	Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5	ST-ZIP	Change Addition
TITLE		□ bece₁e	3.1 TITLE 3.2 NAME	Ī	
NAME				ADDRESS	
STREET ADDRESS			3.4. CITY-5	i	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	51-2IF	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
	1		6.4 CITY-S		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME CASIGNANG OFFICER OF PIRECTOR

Daytime Phone #

32E034 (11/98