

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90112 001 ***150.00

DOCUMENT # K44318

1. Corporation Name
GOLDEN HEALTH SYSTEMS, INC.

Principal Place of Business

% PATRICK L. HARKINS
P.O. DRAWER 790
WINTER PARK FL 32790

Mailing Address

% PATRICK L. HARKINS
P.O. DRAWER 790
WINTER PARK FL 32790



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

% Kathleen M. Harkins

2a. Mailing Address

% Kathleen M. Harkins

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARKINS, PATRICK L
2709 W FAIRBANKS AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Karen Goldsmith

82 Street Address (P.O. Box Number is Not Acceptable)

385 West Fairbanks Avenue
300

83

84 City

Winter Park

FL

85 Zip Code

32789

11. 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 *Karen Goldsmith*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARKINS, PATRICK L.
STREET ADDRESS 2709 W. FAIRBANKS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

☒ DELETE

TITLE D
NAME HARKINS, KATHLEEN
STREET ADDRESS 2709 W. FAIRBANKS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
Harkins, Patrick L., II
1003 Knollwood Court
Winter Springs, FL 32708

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1040 Howell Harbor Drive
Casselberry, FL 32707

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Kathleen M. Harkins Kathleen M. Harkins 4-25-99 407-644-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)