## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



## Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1997		FI	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					Aug 06 1997 8:00am Secretary of State				
DOCUMENT # K87549 (7) GOLDEN ISLES MANAGEMENT SERVICES, INC.  Principal Place of Business Mailing Address  * JOHN P. RACZYNSKI 3056 S FLETCHER AVE. VILLA #313 FERNANDINA BCH FL 32034  * JERNANDINA BCH FL 32034  * JOHN P. RACZYNSKI 3056 S FLETCHER AVE. VILLA #313 FERNANDINA BCH FL 32034								DO NOT WRITE IN THIS SPACE				
							- 1	Date Incorporated or Qualified		ate of Last	Report	
2. Principal I	Place of Business	2a. Mailing	g Address			<del></del>		05/11/1989 FEI Number	100/6	23/1996	Applied For	-
21		26						59-2946880			ot Applicable	<u>-</u>
Suite, Apt	!. #, etc.	Suite,	Suite, Apt. #, etc.					Certificate of Status Desired			Additional Regulred	
City & Sta	ite	<del></del>	City & State				6.	Election Campaign Financing			May Be	-
Zip	Country	Zip		Co	untry	,	1	Trust Fund Contribution			1 to Fees	-
24	26	29		30	ai iti y		"	<ul> <li>This corporation owes or has p Personal Property Tax due Juni</li> </ul>			ntangible No	
	9. Name and Address of Curre		gent		Е.		10	Name and Address of New R		Agent		]
RACZYNSKI, JOHN P. SAND DOLLAR VILLAS, #313 3056 S. FLETCHER AVE					81	Name Street Ad-	ldress (	ss (P.O. Box Number is Not Acceptable)				
FER	NANDINA BEACH FL 32034				83							
					84	City			FL	85 Zip	Code	
11. Pursuant office or agent. I	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obligions.								ourpose o pt the app	f changing pointment a	its registered s registered	
12.	Signature, typed or printed name of registered at	gent and title if applicat ND DIRECTORS	ole. (NO	TE: Registere	d Age	nt signature req		n reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIBECTO	PS IN 12	15
TITLE	DP OFFICENS AI	AD DINECTORS	DELETE	1.1 T	TLE			ADDITIONS/CHANGES TO OFFI	DEUS VIAL	Change		<b>∤</b> §
NAME STREET ADDRESS	RACZYNSKI, JOHN P. 3056 S FLETCHER AVE,#313			1.2 N 1.3 S		ADDRESS						CR2E034 (4/97
CITY-ST-ZIP	FERNANDINA BCH. FL			1.4 0	fTY-S	T - ZIP						<u>  2</u> 2
NAME	DVP RACZYNSKI, JUDITH L. 3056 S FLETCHER AVE		□ DELETE	2.1 T	AME					Change	Addition	O
STREET ADORESS CITY-ST-ZIP	FERNANDINA BCH. FL			4		ADDRESS ST-ZIP						
TITLE			DELETE	3.1 T		,. Lu				☐ Change	Addition	1
NAME				3,2 N	AME	Ì						1
STREET ADDRESS				3.3 S	TREET	ADDRESS		as ·				
CITY-ST-2IP	<del></del>		DELETE			ST-ZIP			<del></del>	Change	Addition	-
NAME			LI VELETE	4.1 Ti		1				L CHANGE	☐ Municipal	1
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 0	TY-S	T-ZIP				<b></b>		
TITLE			DELETE	5.1 T				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				5.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	5.4 C 6.1 To	TY-ST	1 - ZIP	-			☐ Change	Addition	4
NAME				6.2 N							1 100111011	
STREET ADDRESS						ADDRESS						

14. I do 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 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 frustee employered 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.

**FILED**