

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K93841 (0)

1. Corporation Name

GOLDEN IDEAS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

~~1315 NE 117 ST~~  
~~MIAMI FL 33161~~

~~1315 NE 117 ST~~  
~~MIAMI FL 33161~~

2. Principal Place of Business

2a. Mailing Address

21 161 CRANDON BLVD.

26 161 CRANDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 113

27 # 113

City & State

City & State

23 KEY BISCAVNE FL

28 KEY BISCAVNE FL

Zip

Zip

24 33149

25 US

29 33149

30 US

3. Date Incorporated or Qualified

06/07/1989

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0125331

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEGMANN, JOHN  
1315 NE 117 STREET  
MIAMI FL 33161

81 Name

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

161 CRANDON BLVD

83

# 113

84 City

KEY BISCAVNE

FL

85 Zip Code

33149

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

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

JOHN WEGMANN

(NOTE: Registered Agent signature required when reinstating)

APRIL 20, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | DTS            | <input type="checkbox"/> DELETE |
| NAME           | WEGMANN, JOHN  |                                 |
| STREET ADDRESS | 1315 NE 117 ST |                                 |
| CITY-ST-ZIP    | MIAMI FL       |                                 |
| TITLE          | DP             | <input type="checkbox"/> DELETE |
| NAME           | NEUMAN, DAVID  |                                 |
| STREET ADDRESS | 731 NW 207 ST  |                                 |
| CITY-ST-ZIP    | MIAMI FL       |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 161 CRANDON BLVD. # 113  |
| 1.4 CITY-ST-ZIP    | KEY BISCAVNE, FL 33149-1548  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John Wegmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)