## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93841

(0)

Mailing Address

GOLDEN IDEAS OF FLORIDA, INC.

FILED Jan 29 1997 8:00am Secretary of State

	<b>                                    </b>	

181 CRANDON BLVD. #113 KEY BISCAYNE FL 33149 US		#113	KEY BISCAYNE FL 33149-1548			Date Incorporated or Qualified	3a. Date of L				
							06/07/1989	04/25/19	96		
2. Principal Place of Business			2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For		
21		26				65-0125331		Not Applicable			
Suite, Apt. #, etc.			Suite, Apt #	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing	\$5	.00 May Be		
23			28	28			Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Country			8. This corporation has liability for intangible tak under s. 199.032,				
24 25 29				30	)		Florida Statutes				
	<del></del>		rent Registered Agent		81	10. Name and Address of New Registered Agent					
WEGMANN, JOHN 161 CRANDON BLVD. SUITE 113 KEY BISCAYNE FL 33149						Name					
						Street A	ddress (P.O. Box Number is Not Acceptab	ress (P.O. Box Number is Not Acceptable)			
			84	City		FL  85	Zıp Code				
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											
12.	Signalure, lyped o	printed name of registered	AND DIRECTORS	(NOTE: R	13.	ent signature n	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIREC	TORS IN 12		
TITLE	DTS	OT TIBETION		ELETE	1.1 TITLE		ABBITIONS/OFFANGES TO OFFIC	Ch:			
NAME	WEGMAN	N. JOHN			12 NAME			_	. –		
STREET ADDRESS 181 CRANDON BLVD., #113			3			ADDRESS					
CITY-ST-ZIP		AYNE FL 33149-1			14 CITY-5						
TITLE	Db			ELETE	21 TITLE			☐ Cha	nge Addition		
NAME NEUMAN, DAVID			22 NAME								
STREET ADDRESS 731 NW 207 ST			2.3 S <sup>1</sup>		ADDRESS						
CITY-ST-ZIP	LAIADAI CI			2.40		S1-7IP			_		
TITLE			□ 0	ELETE	3.1 TITLE			☐ Cha	nge Addition		
NAME			3.2 N								
STREET ADORESS					3.3 S1RF£1	ADDRESS					
CITY-ST-ZIP					3.4. CITY-	ST-ZIP					
TITLE				EL FTE	4.1 TITLE	i		L Cha	inge 🔲 Addition		
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREF1	ADDRESS					
CITY-ST-ZIP					4.4 CHY - 5	ST-ZIP					
TITLE				ELETE	51 TITLE			☐ Cha	inge [] Addition		
NAME					52 NAME	İ					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				r: Fit	5.4 CHY-5	ST - ZIP			inge Addition		
TITLE			نا لــا	ELETE	6.1 T/TLF	Į		☐ Cha	arge L. Addragn		
NAME					G.2 NAME						
STREET ADDRESS					1	ADDRESS					
CITY-ST-ZIP	ov certify that	the information supp	died with this filing door	not qualify f	6.4 CITY - S		aled in Section 119 07(3)(i) Florida Statute	L further certify	that the		

• 1 on pereby certify that the information supplied with this filling 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 lam 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.

OION ARIIDE

VII MARMOUN - JOHN WEGMAN

1/19/97

(305) 361-8884