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

PROFIT CORPORATION **ANNUAL REPORT**

1997

GOLD HOUSE, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED Apr 14 1997 8:00am Secretary of State

Pı	rincipal Place of Business	Mailing Address					t iantibil als truit enter batte afte bint ditte niert after bint arbeit ditte enter				
11	Dennis M. Boyce 05 B. Narcissus Avenue. Suite 702 1. Palm Beach Fl 33401	% DENNIS M. BOYCE 105 S. Narcissus avenue. Suite 7 W. Palm Beach Fl 33401-5529			702	2					
							3. Date incorporated or Qualified 11/13/1989	3a. Date of I 03/19/19			
2.	Principal Place of Business	2a.	Mailing Address				4. FEI Number		Applied For		
26			Ì				65-0170115	ľ	Not Applicable		
2	Sulte, Apt. #, etc.	27	Suile, Apl. #, elc.				5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Regulred		
:3	City & State	28	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
4	Zip Country 25	29	Z(p Country 30				8. This corporation has liability for inlangible tax under s. 199.032, Fiorida Statutes ☐ Yes ☐ No				
_	9. Name and Address of Curr	ent Regis	tered Agent				10. Name and Address of New Registered Agent				
BOYCE, DENNIS M.						Name					
105 S. NARCISSUS AVENUE SUITE 702 W. PALM BEACH FL 33401					82	Street Address (P.O. Box Number is Not Acceptable)					
					83						
				ļ	84	City	الله الموجود والمساورة التي والمراض المادة القار والمساورة التي والمراض المادة القار والمساورة التي والمادة ا	FL 85	Zip Code		
11	Pursuant to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	tes, the ab	ove	-named corpo	pration submits this statement for the pr	urpose of chan	ging its registered		

			84 City		FL 85 Zip 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 Signature, typed or printed name of registered agent and title if applicative. (NOTE tregistered Agent signature required whos reinstating) DATE												
12.	OFFICERS AND DI		Hegistered Agent signature requir		TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES	Change Addition							
NAME	FRIEDMAN, MURRAY		12 NAME		Last State of the							
STREET ADDRESS	4096 PGA BLVD		1.3 STREET ADDRESS									
	PALM BEACH GDNS FL		•									
CITY-ST-ZIP TITLE	D	DOELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		Change Addition							
NAME	FRIEDMAN, SABINA	<u></u>	22 NAME									
STREET ADDRESS	4096 PGA BLVD.		2.3 STREET ADDRESS									
CITY-ST-ZIP	PALM BEACH GRONS FL		2 4 CITY-ST-ZIP									
TITLE	Transfer out of the state of the	DELETE	3.1 TITLE		Change Addition							
NAME		22	32 NAME		Land State of the Land							
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY- S1-7IP									
TITLE		DOLLETE	4.1 TD(F		Change Addition							
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 C(1Y-S1-Z)P									
TITLE		DELETE	5.1 11716		Change Addition							
NAME			5.2 NAME		_ • •							
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1								
TITLE		DELETE	6.1 TITLE		Change Addition							
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-7IP			6.4 C(1)/- \$1-2IP		•							

I do hereby certify that the information supplied with this filing does helyqualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted 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 for injury an attachment with an indiress.