FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L70147** **(8)**

1. Corporation Name

GOLDSEL/RETREAT, INC.

Principal Place of Business

555 SW 148 AVE
~~175 NW 1ST AVE, SUITE 2000~~
SUNRISE FL 33325
US

Mailing Address

[redacted]

2. Principal Place of Business	2a. Mailing Address
21 555 SW 148 Ave	26 555 SW 148 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sunrise, Fl	28 Sunrise, Fl
24 Zip 33325	29 Zip 33325
25 Country US	30 Country US

3. Date Incorporated or Qualified: **05/02/1990**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **65-0195462** ☐ 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

B & C CORPORATE SERVICES, INC.
201 S BISCAYNE BLVD
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

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 agent is a corporation) (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ DELETE		☑ Change ☐ Addition
TITLE	DC		1.1 TITLE	DTC
NAME	CASSEL, JAMES S.		1.2 NAME	Cassel, James S.
STREET ADDRESS	201 S BISCAYNE BLVD., SUITE 300		1.3 STREET ADDRESS	2101 West Commercial Blvd. Suite 300
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33309
		☑ DELETE		☐ Change ☑ Addition
TITLE	PD		2.1 TITLE	VP
NAME	GOLDBERG, F. DEE		2.2 NAME	Ansley, Nancy J.
STREET ADDRESS	1527 RIVERSIDE DRIVE		2.3 STREET ADDRESS	555 SW 148 Ave.
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	Sunrise Fl 33325
		☑ DELETE		☐ Change ☐ Addition
TITLE	VP		3.1 TITLE	
NAME	GOLDSTEIN, FRED		3.2 NAME	
STREET ADDRESS	6200 ALMOND TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTAION FL 33317		3.4 CITY-ST-ZIP	
		☑ DELETE		☐ Change ☐ Addition
TITLE	T		4.1 TITLE	
NAME	PATTERSON, VICKIE		4.2 NAME	
STREET ADDRESS	555 SW 148TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	
		☑ DELETE		☐ Change ☐ Addition
TITLE	AS		5.1 TITLE	
NAME	SMITH, ALTON		5.2 NAME	
STREET ADDRESS	555 SW 148 AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP	
		☐ DELETE		☐ Change ☐ Addition
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Nancy J. Ansley V.P. NANCY J. ANSLEY, VP 7/8/96 954-370-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133776 CP