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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L85426

(9)

GOLDREYER & CO., INC.

FILED Feb 25 1997 8:00am Secretary of State

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Principal Place	e of Business	Mai	ling Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7011 BISH 1041
C/O SALLY GO 775 LONGBOAT LONGBOAT KE	F CLUB ROAD	775	SALLY GOLDREYER LONGBOAT CLUB R GBOAT KEY FL 342	MOAD						
							3. Date Incorporated or Qualified 07/06/1990		te of Las 6/1990	st Report 6
	lace of Business	<sub>1</sub>	Mailing Address				4. FEI Number	. <del></del>		Applied For
Suite, Apt.	# ede-	26	Suite, Apt. #, etc.			<del> </del>	65-0208044		<u> </u>	Not Applicable
22	<b>7,</b> 00.	27	ouite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	€		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23	a describer to a constant of communications and annual	28					Trust Fund Contribution			ed to Fees
Z-p <b>24</b>	Country 25	29	<b>Z</b> ip	30 Cou	intry		This corporation has liability for in Florida Statutes		tay unde No	er s. 199.032,
	9. Name and Address of Curr		ered Agent				10. Name and Address of New Re	gistered #	gent	
GOL	Dreyer, Sally				81	Name				
	LONGBOAT CLUB ROAD GBOAT KEY FL 34228				82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
COIT	ODORI NEV VE OVEEO				83		· · · · · · · · · · · · · · · · · · ·			
					84	City		FL	<b>85</b> 2	ip Code
11 Duren east	to the error cions of Scotions CO7.0	602 and 60	7 1500 Florido Ptol	tutos the al		named sor	poration submits this statement for the p		<u> </u>	
SIGNATURE	Signature, hyped or perchet name of orgestorest i				d Age	nî signalure requ	ried when reinstating)	DATE		
12.	OFFICERS A	IND DIRECT	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
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4. 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 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 13 if chartyed, or on an artachment with an address.

SIGNATURE: 7

TURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

12/97 941.383-4190