

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 2 PM 3:23

DOCUMENT # L86874 (9)

1. Corporation Name

GOLAN INVESTMENT, INC.

Principal Place of Business

3620 N. 53RD AVENUE PARK
HOLLYWOOD FL 33021

Mailing Address

3620 N. 53RD AVENUE PARK
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1990
3a. Date of Last Report 04/22/1994

4. FBI Number 65-0208141
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLAN, AMNON
3620 N. 53RD AVE.
FT LAUDERDALE FL 33021

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 applicable)

(Typed or Printed Name of Registered Agent Signature Required when Resigning)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	GOLAN, AMNON
STREET ADDRESS	3111 STIRLING RD, #B-132
CITY ST ZIP	FT LAUDERDALE FL
TITLE	DVP
NAME	GOLAN, DINA
STREET ADDRESS	3111 STIRLING RD, #B-132
CITY ST ZIP	FT LAUDERDALE FL
TITLE	VPT
NAME	GOLAN, SARI
STREET ADDRESS	3111 STIRLING RD, #B-132
CITY ST ZIP	FT LAUDERDALE FL
TITLE	DVP
NAME	GOLAN, GUY
STREET ADDRESS	3111 STIRLING RD, #B0132
CITY ST ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMNON GOLAN

5/29/95 305-9825046