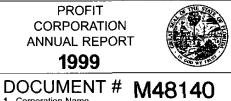
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



GOLDEN SANDS REALTY AND MORTGAGE CORP.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90259 043 ***150.00

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					<u> </u>		
Principal Place	of Business	Mailing Address					
13995 N.W. 7TH		13995 N.W. 7TH AVE.					
N. MIAMI FL 33	168	N. MIAMI FL 33168 US			DO NOT WRITE IN THI	S SPACE	
US		US			3. Date Incorporated or Qualifed		
					03/11/1987		{
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	T Ap	plied For
134	as NW 7 to Acke	26 13995NW7th	AU	λ.	59-2825065	No	ot Applicable
Suite, Apt. :	12 1000 1	Suite, Apt. #, etc.	010	<u> </u>		\$8.75	
22		27			5. Certificate of Status Desired	_=Fee-Re	equired - :
City & State	<u> </u>	, City & State		_	6. Election Campaign Financing	\$5.00	May Be
23 1. 11	ionen Fl.	28 Milioun Fl			Trust Fund Contribution	Added t	•
Zip 24 331	Country	Zip	Count		8. This corporation owes the current year I	ntangible	
24 331	68 ₂₅	29 33168 30	104	3A	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
_			8	1 Name)
	TAPETTI, BARRY		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		-
	95 N.W. 7TH AVE			2 0000000			
RM :			8	3	,		
NOR	ith Miami FL 33168			d City		85 Zip (Code
			8	4 City	F	L S ZIP	Code
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	ot Florida. Such change was autho	orizea a	v the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Rec	gistered Ag	jent signature require	red when reinstating) DATE		
12.		D DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	DRS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	VOLTAPETTI, BARRY		1.2 NAMI	=			
STREET ADDRESS	400 GOLDEN BCH DR		1.3 STRE	ET ADDRESS			ſ
CITY-ST-ZIP	GOLDEN BCH FL		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	:		☐ Change	☐ Addition
NAME			22 NAMI	E	~		
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			4. 2 NAV	ie			į
STREET ADDRESS			4.3 STRE	ET ADDRESS			ŀ
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			

CITY-ST-ZIP 14. I 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 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 changes, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

__ DELETE

SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

☐ Addition

☐ Addition