

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

FILED  
Mar 31 1997 8:00am  
Secretary of State

DOCUMENT # **M99979**

(0)

1. Corporation Name:  
**GOLDEN TRIANGLE REALTY, INC.**



Principal Place of Business  
**60 CUTTER MILL ROAD  
SUITE 212  
GREAT NECK NY 11021**

Mailing Address  
**60 CUTTER MILL ROAD  
SUITE 212  
GREAT NECK NY 11021-3104**

3. Date Incorporated or Qualified  
**09/19/1988**

3a. Date of Last Report  
**03/25/1996**

4. FEI Number  
**13-3483957**

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

**CORPLEX REALTY INC  
6767 NORTH WICKHAM ROAD  
SUITE 400  
MELBOURNE FL 32940**

81 Name **HARRIET GOLDING**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6765 North Wickham Road**  
83 **Suite C-106**  
84 City **MELBOURNE** **FL** 85 Zip Code **32940**

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

*President*

3/25/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MARCHESO, JOSEPH J.	
STREET ADDRESS	6767 NORTH WICKHAM ROAD - SUITE 400	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOLDING, HARRIET	
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEVY, JERROLD, G	
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JARDINE, JEFFREY P	
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHLOSSBERG, MORTON, J	
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STANZIONE, BARBARA T	
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	
CITY - ST - ZIP	GREAT NECK NY 11021	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

(516) 487-0440

CR2E034 (9/96)