

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 6765 N. WICKHAM RD  
Suite, Apt. #, etc  
22 SUITE C-106  
City & State  
23 MELBOURNE FL  
Zip 32940 25 Country

2a. Mailing Address  
26 6765 N. WICKHAM RD  
Suite, Apt. #, etc  
27 C-106  
City & State  
28 MELBOURNE FL  
Zip 32940 30 Country

3. Date Incorporated or Qualified  
09/19/1988  
4. FEI Number  
13-3483957  
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
GOLDING, HARRIET  
6765 NORTH WICKHAM ROAD  
SUITE #C-106  
MELBOURNE FL 32940

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DC MARCHESO, JOSEPH J. 6767 NORTH WICKHAM ROAD - SUITE 400 MELBOURNE FL 32940  
DP GOLDING, HARRIET 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 11021  
DVP LEVY, JERROLD, G 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY  
T JARDINE, JEFFREY P 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 11021  
S SCHLOSSBERG, MORTON, J 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 11021  
AS STANZIONE, BARBARA T 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 11021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6765 N. WICKHAM RD  
2.4 CITY-ST-ZIP MELBOURNE FL 32940  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or in an attachment with an address.

SIGNATURE:

*Harriet Golding* 2/26/98 140342-7212

CR2E034 (10/97)