Form E. Sample Annual Report Form

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Secretary of State

CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # ~~547632~~ N25264

1. Corporation Name: ~~SPHINX INTERNATIONAL, INC.~~ GOLCREST FARM. OWNER'S ASSC., INC.

5923595 85

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
Veterest Training Center 1979 SW 15 Way Bell Florida 32619.	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Veterest Training Center	26 [redacted]		1997.
22 Suite, Apt. #, etc: 1979. SW 15 way	27 Suite, Apt. #, etc.	4. FEI Number ~~591777834~~ Unknown.	☐ Applied For ☐ Not Applicable
23 City & State: Bell Florida	28 City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip: 32619 25 Country: Veterest	29 Zip 30 Country	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAROL WOOD 1759 S.W. 15 WAY BELL FL. 32619.	81 Name: Elise. SCHALK. 82 Street Address (P.O. Box Number is Not Acceptable): 1979 S.W. 15 WAY. 83 84 City: Bell FL 85 Zip Code: 32619

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: Elise Schalk Treasury. 1979. SW. 15 way Bell Fl. 3-26-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Clarence Schalk	1.2 NAME	
STREET ADDRESS	1979 SW 15 Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bell Fl. 32619.	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	Robert Sacasas.	2.2 NAME	
STREET ADDRESS	2150 SW 17 Ter	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bell Fl. 32619.	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	☐ Change ☐ Addition
NAME	Linda Mullins	3.2 NAME	
STREET ADDRESS	1499 SW. 17 Ter	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bell Fl. 32619.	3.4 CITY-ST-ZIP	
TITLE	Treasury	4.1 TITLE	☐ Change ☐ Addition
NAME	Elise Schalk	4.2 NAME	
STREET ADDRESS	1979 SW 15 Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Bell Fl. 32619	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	200002473062
STREET ADDRESS		5.3 STREET ADDRESS	-03/31/98--01022--024
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	PE 3.30
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: Elise Schalk Treasury 3-10-98 (352)4637067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #