SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400003838 (9)

GOLDEN AGE SERVICES, INC.

	FILED
Jul 23	1998 8:00am*
Secr	etary of State

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### Principal Place of Business ### Mailing Address ### Sado SW 167TH ST			AA N				
Miles Mile	Principal Place of Business Mailing Address						
An annual continuation of provisions of sections 617-0502 and 617-1508, Florida Statutes, the above-named corporation submits statisment for the purpose of changing lar equitated agent, or both, and accept the equipation of provisions of registered agent, or both, and accept the equipation of provisions of registered agent, or both, and accept the equipations of sections 617-0502 and 617-1508, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Pursuant to the provisions of rections 617-0502 and 617-1508, Florida Statutes, the above-named corporation submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bound shirts statement for the purpose of changing its registered agent. The purpose of the equipations of rections 617-0502 and 617-1508, Florida Statutes. 19. Name MARTINEZ, ADALJISA I 83 Street Address (P.O. Box Number is Not Acceptable) 30. Name and Address of New Registered Agent 31. Name MARTINEZ, ADALJISA I 83 Street Address (P.O. Box Number is Not Acceptable) 32. Street Address (P.O. Box Number is Not Acceptable) 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 13. Name 14. Pursuant to the provisions of sections 617-0502 and 617-1508, Florida Statutes. 15. OFFICERS AND DIRECTORS 16. Election Campropristion of position of position of value of position of position of value o	8340 SW 167TH ST (Office 8340 SW 167TH ST				3. Date Incorporated or Qualified		
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22 City & State		Place of Business	⊢ ĭ			5. Certificate of Status Desired	
City & State City & State City & State City & State This corporation is homeowners association? 28 No		. #, etc.	·				
Zip Country Zip Country Zip Country St. This corporation owes or has paid the current yet intengible Personal Property Tax due June 30.		to				······	
Zip			 				
MARTINEZ, ADALJISA I 840 SW 167TH ST MIAMI FL 33167 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I of minimum with, and accept the obligations of, section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I of minimum with, and accept the obligations of, section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I of minimum with, and accept the obligations of, section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I off minimum with, and accept the obligations of, section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I off minimum with a purpose of private agent. I off minimum with a policiable. SIGNATURE Signature, typed or private name of registered agent and the ril applicable. (IDTE: Registered Agent signature reclined when remaining) DATE 12.		Country	Zip	Count	lry	8. This corporation owes or has paid th	ne current year intangible
MARTINEZ, ADALJISA I 824 SW 187TH ST MIAMI FL 33157 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617,0502 and 617,1508. Florida Statutes, the above harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes. SIGNATURE SIGNAT	24			30			
MARTINEZ, ADALJISA I 9340 SW 167TH ST MIAMI FL 33157 40 City FL 65 City FL FL 65 City FL		9. Name and Address of Current	t Registered Agent		. 1		ered Agent
9340 SW 167TH ST MIAMI FL 33197 84 City FL 85 Zip Code 11. Purpount to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the Statute submit in the Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the Statute submit in the Statutes agent. I am familiar with, and accept the obligations of, section 617033, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 1 ACTIVIST-ZIP TITLE D Change Addition NAME MOROAN, NETTE DR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33128 DELETE 3.31TITLE D Change Addition NAME MOROAN, NETTE DR STREET ADDRESS CITY-ST-ZIP MIAMI FL D Change Addition NAME MOROAN, NETTE DR STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME GRAY, MONICA STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition ACTIVIST-ZIP ACTIVIS				8	11 Name	1	
B340 SW 167TH ST MIAMI FL 33187 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this atlatement for the purpose of changing its 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, or her familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CHANGE SAME SAME SAME SAME SAME STREET ADDRESS CITY-ST2/P MIAMI FL 33189 1.4 City FL 85 Zip Code 1.4 TITLE D CHANGE AND DIRECTORS IN 12 1.5 TITLE D CHANGE AND DIRECTORS IN 12 2.1 TITLE D CHANGE AND DIRECTORS IN 12 2.1 TITLE D CHANGE AND DIRECTORS IN 12 2.1 TITLE D CHANGE AND DIRECTORS 3.1 TITLE D CHANGE Addition MAKE MOROAN, NETTE DR 3.2 STREET ADDRESS CITY-ST2/P MIAMI FL D CHANGE AND DIRECTORS 3.3 TITLE D CHANGE AND DIRECTORS 3.3 TITLE D CHANGE AND DIRECTORS 3.4 CITY-ST2/P MIAMI FL Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 TITLE D CHANGE AND DIRECTORS 1.5 TITLE D CHANGE AND DIRECTORS 3.1 TITLE D CHANGE AND DIRECTORS 3.1 TITLE D CHANGE AND DIRECTORS 3.1 TITLE D CHANGE AND DIRECTORS 4.1 TITLE D CHANGE AND DIRECTORS 4.2 TITLE D CHANGE AND DIRECTORS 4.2 TITLE D CHANGE AND DIRECTORS 4.2 TITLE D C	MARTINEZ	, adaljisa i		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
## City	9340 SW	1671)H ST					
11. Pursuant to the provisions of sections 617.0502 and 617.1508. 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, or an accept the obligations of, section 617.0503. Florida Statutes. SIONATURE	MIAMI FL	33157		8	13		
11. Pursuant to the provisions of sections 617,0502 and 617,1508, Florida Statutes, the ebove-named corporation submits this statement for the purpose of changing its registered agent and store of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and store of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and store if applicable. SIGNATURE				8	4 City		85 Zip Code
office or registared 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 agent and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE Signature, hype or ported name of registared agent and title if spoktable. (NOTE: Registered Agent algositure required when reliabiling) DATE	11. Pursuant i	to the provisions of sections 617.0502 a	and 617.1508. Florida Statutes, t	he above	-named co	progration submits this statement for the purpose of	
Signature typed or printed agent and the if applicable. (NOTE: Registrated when reinstating) DATE	l office or re	egistered agent, or both, in the State of	l Florida. Such change was auth	orized by	the corpo	oration's board of directors. I hereby accept the ap	ppointment as registered
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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 the annual report of supplemental annual report is true and accurate and that my signature shall have the arms legal affect as if made under outby that I am	14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	exempti	on stated i	In section 119.07(3)(i), Florida Statutes. I further c	ertify that the information

an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.