

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 042 ****61.25

0016812

DOCUMENT # N96000001296

1. Corporation Name
GOLDEN GUARDIANS, INC.

Principal Place of Business
633 E COLONIAL DR
ORLANDO FL 32803

Mailing Address
633 E COLONIAL DR
ORLANDO FL 32803



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0652731

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARLMAN, CRAIG
KILLGORE PEARLMAN ET AL
~~201 S ORANGE AVE #300~~
ORLANDO FL 32804

81 Name (same)
82 Street Address (P.O. Box Number is Not Acceptable)
940 HIGHLAND AVE
83
84 City ORLANDO FL 85 Zip Code 32803

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. I am familiar with, and accept the obligations of, Section 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME ADAMS, N L
STREET ADDRESS 308 PALMWAY LANE
CITY-ST-ZIP ORLANDO FL 32828

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME GOLDBERG, MERYL A
STREET ADDRESS 12058 VANILLA CT
CITY-ST-ZIP ORLANDO FL 32807

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 327 FRESHWATER CT.
2.4 CITY-ST-ZIP ORLANDO FL 32826

TITLE VD
NAME MURRAY, LOUIS C
STREET ADDRESS 900 S DELANEY ST
CITY-ST-ZIP ORLANDO FL 32806

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99 (407) 898-4427

Date

Daytime Phone #

CR2E037 (11/98)