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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15530 (9)
1. Corporation Name
GOLDEN YEARS GROUP, INC.

Principal Place of Business Mailing Address
6841 ST EDMUNDS LOOP 6841 ST EDMUNDS LOOP
FT MYERS FL 33912 FT MYERS FL 33912

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/10/1987	01/24/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	51-0297802	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORDON, HOWARD L. 6841 ST EDMUNDS LOOP FT MYERS, FL 33912-1552	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	GORDON, HOWARD L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6841 ST EDMUNDS LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VST	GORDON, CAROLE R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6841 ST EDMUNDS LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	GORDON, CAROLE R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6841 ST EDMUNDS LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, 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: Dr. Howard L. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. HOWARD L. GORDON

2/28/97 (941) 768-3330
Date Daytime Phone #

CR2E034 (9/96)