Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90019 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200003181

1. Corporation Name

B J GOL	DEN GLO, INC.							
Principal Place	e of Business	Mailing Address	•		3 IMBIIMB: 118 INCIA HAIT ANITE SELLI NEVIL	ABILL BUIER 13191 (16	181 (61 4 1)(81)84(
2230 W. BAY DRIVE LARGO FL 33770 US		2230 W. BAY DRIVE LARGO FL 33770 US		DO NOT WRITE IN THIS SPACE				
		,			3. Date Incorporated or Qualifed 11/04/1992		l	
S Driveteet D	lace of Business	2a. Mailing Address		. ,	4. FEI Number	77.	Applied For	
	race of business	26			59-3148013		Not Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75	Additional	
22	,	27			5. Certifcate of Status Desired	Fee	Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	0:May:Be	
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Countr	гу	8. This corporation owes the current ye		_ 1	
24	25	29	30		Personal Property Tax.	☑ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent	-	
			8	1 Name			Ì	
	NSON, BARBARA L		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)			
2230 W. BAY DRIVE LARGO FL 33770					517/10/1005 (1.10. 25/1/10/10/10/10/10/10/10/10/10/10/10/10/1			
			8	3				
	•		8	4 City		85 Zi	p Code	
l office or o	registered agent, or both, in the State	e of Florida. Such change was au	s, the abo	ve-named corporat	peration submits this statement for the purpo	se of changing appointment as	its registered registered	
l office or o	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was au jations of, Section 607.0505, Flori	s, the abo thorized b ida Statute	ve-named con y the corporat es.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a red when reinstating)	se of changing appointment as	Tegistorou	
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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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: Y

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition