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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P92000007120 (8)

PROGOLD ASSOCIATES, INC.

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Principal Plac	e of Business	Mailing Address							
3310 BAYOU ROAD LONG BOAT KEY FL 34228 US LONG BOAT KEY FL 34228 US US						DO NOT WRITE	E IN THIS S	SPACE	
05		US				3. Date Incorporated or Qualified			
						11/24/1992			
2. Principal P	Place of Business	2a. Mailing Address				4. FE! Number		A	oplied For
21		26				65-0371217		1	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27				Dr. Germone of Claude 200/104		Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing			May Be
Zip	28			country		Trust Fund Contribution	<u>. L </u>		to Fees
24	Country Zip		30			This corporation owes or has pa Personal Property Tax due June	_		ntangible [
24]	25 9. Name and Address of Curr	1201	[30]	-	· ·	10. Name and Address of New Re			<u></u>
CIN				18	Name		-		
	NDER, NED 10 BAYOU ROAD				<u> </u>				
**	NG BOAT KEY FL 34228		82			ddress (P.O. Box Number is Not Acceptat	ole)		
, [0]	NG DOAT RET FL 34220			83					
1				84	City			85 Zip	Code
							<u> </u>		
11. Fursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida St te of Florida. Such change w	atutes, the as authoriz	above zed by	⊦named c the corpo	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of pt the app	cnanging ointment a	its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505	i, Florida S	tatutes		,			, i
1									4
SIGNATURE									
	Signature, typed or printed name of registered a	<del> </del>		<u> </u>	nt signature re	quired when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13	3.	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE			
12.	OFFICERS A	<del> </del>	1,1	3. 1 TITLE	nt signature re			DIRECTO Change	
12. TITLE NAME	OFFICERS A D SINDER, NED J.	ND DIRECTORS	1.1 1.1 1.2	3. 1 TITLE 2 NAME					
12. TITLE NAME STREET ADDRESS	OFFICERS A D SINDER, NED J. 3310 BAYOU ROAD	ND DIRECTORS	1.1 1.2 1.3	3. 1 TITLE 2 NAME 3 STREET	ADDRESS				
12. TITLE NAME	OFFICERS A D SINDER, NED J.	ND DIRECTORS	13 1.1 1.2 1.3	3. 1 TITLE 2 NAME 3 STREET / 4 CITY - ST	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A  D SINDER, NED J. 3310 BAYOU ROAD LONG BOAT KEY FL DV	ND DIRECTORS  DELETE	13 1.1 1.2 1.3 1.4 2.1	3. 1 TITLE 2 NAME 3 STREET / 4 CHY - ST 1 TITLE	ADDRESS			Change	☐ Addition
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14. I hereby certify that the information supplied with this filling 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: