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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

0321288

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002222 (6)

GOLDEN	N LAKES REALTY, INC.				
Principal Place	e of Business	Mailing Address		1 14.011001 til torne erfer Auter antit affer	i Marit Maria stack that a brain trac cha:
7776 ROCKEC	ORD RD.	7776 ROCKFORD ROAD			
BOYNTON BEACH FL 33437 BOYNTON BCH. FL 33437 US US		2522			
US		US		3. Date Incorporated or Qualified	3a, Date of Last Report
)				01/07/1993	06/13/1996
2. Principal Pi	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0381856	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		B. Certificate of Status Desireo	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 Name and Address of Curre		30	Florida Statutes L 10. Name and Address of New Re	Yes No
AIF	XANDER, KAREN L	III I I CAN STOLE OF THE STOLE	81 Name	10' status aux vacance or issu un	Butter an utilativ
	7 OKEECHOBEE BLVD.				
	ST PALM BEACH FL 33417		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
1100	SI FALM DEACHTE SOFT		83		
)					
i			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	02 and 607, 1508. Florida Statute	es, the above-named core	poration submits this statement for the c	purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporal	poration submits this statement for the pation's board of directors. I hereby acception's	of the appointment as registered
agent. ra	rir iarnillar with, and accept the oblig	jations or, section bur bost, Flo	riua siaiules.		į
SIGNATURE	Signature typed or printed name of registered ag	ent and tille if applicable (NOTE	Registered Agent signature requi		DATE
SIGNATURE.		unt and tille if applicable (NOTE			
<u> </u>	OFFICERS AN		Registered Agent signature requi	red when reinstating)	
12.	OFFICERS AN D DITKOFF, BARNEY	ID DIRECTORS	Registered Agent signature requi	red when reinstating)	CERS AND DIRECTORS IN 12
12.	OFFICERS AN D DITKOFF, BARNEY 7776 ROCKFORD ROAD	ID DIRECTORS	Registered Agent signature requirements 13.	red when reinstating)	CERS AND DIRECTORS IN 12
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14. I do 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/fulck 13 if changed, or on an attachment with an address.