## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000004017 (8)

GOLDEN AGE GROUP, INC. -

**FILED** Apr 22 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address										- 3 INDIVIDEN VIO LEKOO VILIK BELIN OBAHI ODILI ERIH DONY DION DONY DONY BOUR HIDIL HER LODI.			
7931 2ND STREET NORTH SUITE E ST. PETERSBURG FL 33702					7931 2ND STREET NORTH SUITE E ST. PETERSBURG FL 33702				i	DO NOT WRITE IN THIS	S SPACE		
										3. Date Incorporated or Qualified			
2, Principal P	loor of Quein		·-····································	.1	Martines Address					01/19/1993	<del></del>		
	raction pasin	USS		2a. Mailing Address						4. FEI Number Applied			
21 Suite, Apt.	# ote			Suite, Apl. #, etc.						59-3156530		lot Applicable	
22				27						5. Certificate of Status Desired	Fee Required		
City & State					City & State					Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Į Zip		Coun	ilry	Z <sub>i</sub> ρ Country				/		8. This corporation owes or has paid the current year Intangible			
24	25				29 30					Personal Property 1ax due June 30. Yes No			
	g, Name	Regist	ered Agent					10. Name and Address of New Registered	J Agent				
WI	NGATE, MA	RTIN					81	Name					
793				82 Street Address (P.O. Box Number is Not Acceptable)									
	ite e . Petersbi	JRG FL	33702				83						
							84	City		F	<b>85</b> Zip	Code	
office or r	registered ag	ent, or ba	ith, in the State c	I Florid	07.1508, Florida Statu la: Such change was , Section 607.0505, Fl	authorize	d b	y the corp	corpoi poratio	ration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing in pointment as	its registered s registered	
SIGNATURE													
Signature hyped or prodest name of registered agent and little it applicable (NOTE Re							registered Agent signature require				(D. D.IDEOXO		
12.	D		OFFICERS AND	DIME	DELETE	13.	TLE			ADDITIONS/CHANGES TO OFFICERS AT	DIRECTOI Change		
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THILE	<u> </u>		~ <u></u>		DELETE	411		<u>,</u>	1		Change	Addition	
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THLE					DELETE	5.1 70		211			☐ Change	Addition	
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CITY-ST-ZIP								57 - <b>21</b> P	1				
TITLE					DELETE	611					Change	Addition	
NAME						62 N			1			1	
STREET ADORESS								ADDRESS					
CHTY-ST-ZIP								ST- ZIP					
	certify that the	n informat	ion supplied with	this to	ling closs not qualify t				ed in Se	ection 119 07(3)(i) Florida Statutes I further	certify that the	e information	

Increay certify that the information supplied with this hing closs not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, Further certify that the information indicated on this annual report or suppliced 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 by on an attaching), with an address

MANTIN PLYONIATE VICE PRESIDENT