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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90100 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000004017

1. Corporation Name
GOLDEN AGE GROUP, INC.



Principal Place of Business 7931 2ND STREET NORTH SUITE E ST. PETERSBURG FL 33702	Mailing Address 7931 2ND STREET NORTH SUITE E ST. PETERSBURG FL 33702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7931 2ND STREET NORTH Suite, Apt. #, etc. 22 SUITE A City & State 23 ST. PETERSBURG, FLORIDA Zip 24 33702		2a. Mailing Address 26 7931 2ND STREET NORTH Suite, Apt. #, etc. 27 SUITE A City & State 28 ST. PETERSBURG, FLORIDA Zip 29 33702		3. Date Incorporated or Qualified 01/19/1993	
25 U.S.A.		30 U.S.A.		4. FEI Number 59-3156530	
				Applied For -- Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WINGATE, MARTIN 7931 2ND STREET NORTH SUITE E ST. PETERSBURG FL 33702		10. Name and Address of New Registered Agent 81 Name WINGATE, MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 7931 2ND STREET NORTH 83 SUITE A 84 City ST. PETERSBURG FL 85 Zip Code 33702	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WINGATE, MARTIN R	1.2 NAME	WINGATE, MARTIN R
STREET ADDRESS	7931 2ND STREET NORTH, SUITE E	1.3 STREET ADDRESS	7931 2ND ST. RD SUITE A
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702
TITLE	D	2.1 TITLE	D
NAME	WINGATE, CYNTHIA F	2.2 NAME	WINGATE, CYNTHIA F
STREET ADDRESS	7931 2ND STREET NORTH, SUITE E	2.3 STREET ADDRESS	7931 2ND ST. RD SUITE A
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702
TITLE	D	3.1 TITLE	
NAME	FERRARO, ALBERT J SR	3.2 NAME	
STREET ADDRESS	7931 2ND STREET NORTH, SUITE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  MARTIN R. WINGATE 1-9-99 727-522-1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)