## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1996

DOCUMENT # 1. Corporation Name

P93000070399 (9)

GOLD AMERICA, INC.

Princinal.	Place	of	Rusi	ness	

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

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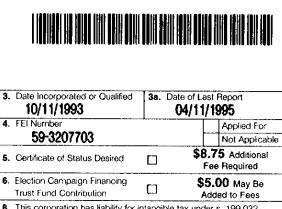
9. Name and Address of Current Registered Agent

834 DODECANESE BLVD TARPON SPRINGS FL 34689

2. Principal Place of Business 21 4568 MTTCHER

City & State NEW BRT RTCHEY

4560 RICKOVER CT NEW PORT RICHEY FL 34652



VON WISMAR, PETER W 4560 RICKOVER CT **NEW PORT RICHEY FL 34652** 

лцгу	Florida Statutes Yes \( \square\) No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zin Code

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.

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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 DEFICERS AND DIRECTORS						
TITLE	D OF FIGURE AND DIRE	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
NAME	VON WISMAR, PETER W	_ Deterie	1.2 NAME		☐ Change	T MODITION
STREET ADDRESS	4560 RICKOVER CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652					
Tillé	V	DELETE	1.4 CITY- \$1 - ZIP 2 1 TITLE		7 Change	☐ Add Sec
	DIAB WASIF	OLLER.		Seals arease	Change	■ Addition
NAME	DINE MUSTL		22 NAME	FRANZ WERNER		
STREET ADDRESS			23 STREET ADDRESS		211100	
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NAME			5 2 NAME			-
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NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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:

PETER W. VON WISMAR 15 APRIL 96 813 842 8023