

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080052 (2)

1. Corporation Name

GOLDCREST COMMERCIAL BUSINESS CONSULTANTS, INC.



Principal Place of Business

246 N. WESTMONTE DR.
SUITE 207
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

246 N. WESTMONTE DR.
SUITE 207
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

2a. Mailing Address

21 246 N. Westmonte Dr.

26 246 N. Westmonte Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27 Suite 102

City & State

City & State

23 Altamonte Springs, Fl.

28 Altamonte Springs, F.

Zip

Zip

Country

Country

32714

32714

US

US

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

06/23/1995

4. FEI Number

59-3230322

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MARGOTY G.
755 GRETN A TERRACE
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

605 NIGHTHAWK CIRCLE

83

WINTER SPRINGS, FLORIDA

84 City

FL

85 Zip Code

32708

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Margoty Nelson

DATE: Registered Agent signature required when reappointing

DATE

4/16/96

12. OFFICERS AND DIRECTORS

TITLE PS
NAME NELSON, MARGOT G.
STREET ADDRESS 755 GRETN A TERRACE
CITY- ST- ZIP WINTER SPRINGS FL
☐ DELETE

TITLE VPT
NAME NELSON, WADE E.
STREET ADDRESS 755 GRETN A TERRACE
CITY- ST- ZIP WINTER SPRINGS FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME NELSON, MARGOT G.
1.3 STREET ADDRESS 605 NIGHTHAWK CIRCLE
1.4 CITY- ST- ZIP WINTER SPRINGS, FL. 32708
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 oath; that I am an officer or director of the corporation or the recorder 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:

Margoty Nelson

04/16/1996 (407) 869-6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Type in Phone #)

CR2E034 (12/95)