

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000088616 (6)
1. Corporation Name
GOLDEN ACRES ESTATES DEVELOPMENT CORPORATION

Principal Place of Business
10440 KEY LANTERN DR
NEW PORT RICHEY FL 34654
US

Mailing Address
PO BOX 2003
NEW PORT RICHEY FL 34656
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1993	
4. FEI Number 59-3225134	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	27. City & State	28. City & State
22. City & State	27. City & State	28. Zip	29. Zip
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
LITTLE, PETER
8930 DECUBELLIS RD.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent	
81. Name DAVID W. WILLIAMS	82. Street Address (P.O. Box Number is Not Acceptable) 10440 Key Lantern DR.
83. City New Port Richey	84. FL 85. Zip Code 34654

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 the corporation (NOTE: Registered Agent signature required when reinstating)

DATE
3/10/98

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LITTLE, PETER
STREET ADDRESS	8930 DECUBELLIS RD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	D
NAME	WILLIAMS, DAVID
STREET ADDRESS	8930 DECUBELLIS RD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	S
NAME	WILLIAMS, DAWN
STREET ADDRESS	8930 DECUBELLIS RD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	D
NAME	MITCHELL, D. DEWEY
STREET ADDRESS	9108 U.S. HWY. 19 NORTH
CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98

813-861-0778

CR2E034 (10/97)