FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:27

DOCUMENT # **P94000007297 (2)**

1. Corporation Name
GOLO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11470 SW 16TH ST. DAVIE FL 33325	11470 SW 16TH ST. DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 9720 PINES BLVD
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: PEMBROKE PINES, FL
Zip — 24:
Country — 25:
Zip — 29: 33024
Country — 30: U S A

4. FEI Number: 65-0463534 ☐ 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
GOLOSKIE, PATRICIA 11470 SW 16TH ST. DAVIE FL 33325	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip 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.

SIGNATURE _____ (If changing Registered Agent, New Registered Agent must sign here) (If changing Registered Agent Street Address, Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DPT	11 TITLE	☐ Change ☐ Addition
02 NAME	GOLOSKIE, PATRICIA	12 NAME	
03 STREET ADDRESS	11470 SW 16TH ST.	13 STREET ADDRESS	
04 CITY ST ZIP	DAVIE FL 33325	14 CITY ST ZIP	
01 TITLE	DS	21 TITLE	☐ Change ☐ Addition
02 NAME	RUBIN, ALAN H	22 NAME	
03 STREET ADDRESS	9720 PINES BLVD.	23 STREET ADDRESS	
04 CITY ST ZIP	PEMBROKE PINES FL 33024	24 CITY ST ZIP	
01 TITLE		31 TITLE	☐ Change ☐ Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		64 CITY ST ZIP	

14. I 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)(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: Patricia M. Goloskie — PRESIDENT — 3/21/95 — 305-430-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0233908 CP