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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000018063 (5)

MIDAS HOLDINGS CORP.

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1370 EAST TERRA MAR DRIVE 1370 EAST TERRA MAR DRIVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062										
							3. Date incorporated or Qualified 03/08/1994		ate of Last F 29/1996	Report
2. Principal Piac	e of Business	2e. Maili	ng Address				4. FEI Number	<u></u>		pplied For
Suite, Apt. #,	ede.	26 Cuite	Ant # oto	··			65-0483724	,		ot Applicable
22	}n	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			& State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
····¬			Zip Country				8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ✓ Yes ☐ No			
24	25 9. Name and Address of Curr	29 ent Registered	Agent	30		·	10. Name and Address of New Re			
DASSI	ER, MICHAEL				81	Name		·		
1370 EAST TERRA MAR DRIVE					82	Street Add	ss (P.O. Box Number is Not Acceptable)			
POMPA	ANO BEACH FL 33082			[· · · · · · · · · · · · · · · · · · ·	······································		
				ŀ	83					
				ľ	В4	City		FL	85 Zip	Code
12. THE	OFFICERS A D D D D D D D D D D D D D	igent and line if applic ND DIRECTOR:		13. 1.1 Til	LE	int signatura requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR Change	RS IN 12
STREET ADDRESS	1370 EAST TERRA MAR DRI			1.2 NAJ 1.3 STI		address				
	POMPANO BEACH FL 33062	<u> </u>	Deptific	14 CIT		T-ZIP	· · · · · · · · · · · · · · · · · · ·			- Augus
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STREET ASURESS						ADDRESS				
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TIFLE			DELETE	31 111	LE			·····	Change	Addition
NAME				3 2 NA	ME	. (
STREET ADDRESS						ADORESS				
City-St-7iP Titt			DELETE	3.4. CI		ST-ZIP			Change	Addition
NAME				4, 2 NA		ĺ				
STREET ADDRESS						ADDRESS				
CITY - \$1 - 7P				4.4 C()					1907	
TIILE			DELETE	5.1 TIT		. _			Change	Addition Addition
NAM:				5.2 NA						
STROT ADDRESS						ADDRESS				
COLY-ST ZIF THE			DELETE	5.4 CIT 6.1 TIT		1-ZIP			Change	Addition
NAME			- Pricit	62 NA					€ Grønile	L. Addition
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				6.4 CIT		,				
	certify that the information suppl	ied with this filir	ng does not qui				d in Section 119.07(3)(i), Florida Statutes	s. I furthe	r certify tha	t the

14. I do 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 suppliemental 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 certifier 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 chapter of or an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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