

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033929 (8)

1. Corporation Name

GOLD ONE INC.

Principal Place of Business

166 MARION OAKS BLVD UNIT 3
OCALA FL 34473

Mailing Address

166 MARION OAKS BLVD UNIT 3
OCALA FL 34473



3. Date Incorporated or Qualified
05/02/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3246013

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. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

25

Country

30

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 607.0102 and 607.1503, 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 I accept the provisions of, Sections 607.0102 and 607.1503, Florida Statutes.

SIGNATURE: *[Signature]*

05/01/96
DATE

12. OFFICERS AND DIRECTORS

1. NAME
PVST
WONG, CHEN M
166 MARION OAKS BLVD. UNIT 3
OCALA FL 34473

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. NAME
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CITY, ST, ZIP

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6. NAME
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7. NAME
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CITY, ST, ZIP

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☐ DELETE

10. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

11. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

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 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, on an attached sheet with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHEN M. WONG

05/01/96

352-245-1777

SG 3-30-96

CR2E034 (12/95)