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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000039109 (1)

DIGGING FOR GOLD, INC.

Principal Place of Business	Mailing Address
5283 S. ATLANTIC AVENUE DELRAY BEACH FL 33484	5283 S. ATLANTIC AVENUE DELRAY BEACH FL 33484

FILED Mar 26 1998 8:00am Secretary of State



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Principal Plac	e of Busines	s		M	lailing Addi	ress					- 4 40 6 10 60 160 100 10 10 10 10 10 10 10 10 10 10 10 1	e iih uu iba (ii		4410 1014 1001
5283 S. ATLANTIC AVENUE 5283 S. ATLANTIC AVENUE DELRAY BEACH FL 33484							DO NOT WRITE IN THIS SPACE							
											3. Date Incorporated or Qualified			
											05/20/1994			. <u> </u>
2. Principal P	lace of Busin	1085		⊢	. Mailing A	ddress					4. FEI Number			Applied For
21 Suite Ant	# 510			26	Cuito An	. # -1-					65-0499227			lot Applicable
Suite, Apt.				27	Suite, Ap						5. Certificate of Status Desired		•	Additional Required
City & State	e			-	City & Sta	ate					6. Election Campaign Financing	r=1		May Be
Zip		Co	untry	28	Zip		Col	mtn	,		Trust Fund Contribution			to Fees
24	}	25	Di Itt y	29	Σip		30	Country			This corporation owes or has p Personal Property Tax due Jun			ntangible No
24			dress of Curren		stered Age	nt	30	r			10. Name and Address of New R			
WE	INERMAN,							81	Name		10.			
										·	(8.0. 5			
5283 S. ATLANTIC AVENUE DELRAY BEACH FL 33484							82		Addres	dress (P.O. Box Number is Not Acceptable)				
								83			n - 1			
_								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														
	Signature, typed	tir printed	name of registered age			TOM)		d Age	ent signature	e required	when reinstating)	DATE	D DIDEOTO	PO 11 40
12.	Ď		OFFICERS AND	UDIRE	CTORS	DELE TE	13.	TI E	-	1	ADDITIONS/CHANGES TO OFFI	CERS AN	☐ Change	Addition
NAME	WEINER	MAN (AROLE			, DELETE	1.2 N						Change	[] Addition
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CITY-ST-ZIP			H FL 33484				1.4 CI			ľ	<u> </u>			
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NAME							6.2 NA	ME		Į.				
STREET ADDRESS							6.3 ST	REET	ADDRESS					
CITY-ST-ZIP	· ···						6.4 CI	[Y-S]	T-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.