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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # 1. Corporation Name

P94000088436 (8)

THE GOLDEN PEAR, INC.

| Principal Place o | of Business | Ma ling Addr | | | | | | | |
|--|--|--|--|---------------------------|---|--|--|--|--|
| 830-3 ALANTH 03 PONTE VEDRA BCH FL 32082 US | | UNIT 1811 | 1800 GREENWAY PARK AT MARSH LANDINGS UNIT 1811 JACKSONVILLE BEACH FL 32250 | | | | | | |
| | | JACKSON | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1995 | | | |
| 2. Principal Plan | ce of Business | 2a. Mailing A | ddress | | | 4. FEI Number | · | Applied For | |
| 21 | | 26 | | | | 59-3293114 | | Not Applicable | |
| Suite, Apt. # | , etc. | Suite, An | | | * ** - * - * - * - * - * - * - * - * - | 5. Certificate of Status Desired | 1 1 | .75 Additional ee Required | |
| City & State | | City & St 28 | ate | | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be dded to Fees | |
| Zip | Country | Z.ip | , have a | | 8. This corporation has liability for intangible tax under s 199.032, | | | | |
| 24 | 25 29 g. Name and Address of Current Registered Agent | | | 30 | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | g, Name and Address of Curi | ent Registered Age | :nt | 81 | Name | 10. Name and Address of New F | egistered Ageni | · | |
| 0414330 | ALBERT A | | | | | | | | |
| | D, ALBERT G | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| #1811 | ie Greens way apt. | | 83 | | | | | | |
| | NVILLE BEACHES FL 32250 | | | | | | | | |
| UNONOU | INVILLE DENONES PE 32230 | | | 84 | City | | FL 85 | Zip Code | |
| or registere | o the provisions of Sections 607.05 ad agent, or both, in the State of Flant, and accept the obligations of, Se | orida. Such change v | vas authorized | the above- by the corp | named corpo oration's boa | oration submits this statement for the pu- ard of directors. I hereby accept the app | pose of changing pintment as regist | its registered office ered agent. I am | |
| SIGNATURE _ | | | | | | | | | |
| | Signature, typed or printed name of registered ag | part and the if applicable AND DIRECTORS | (NOIE | | it signature nequir | red when reinstating) | DATE | OTODO INLAO | |
| 12. | DPST | | DELETE | 13. 1 1 Tillut | T | ADDITIONS/CHANGES TO OFF | CERS AND DIRE | | |
| NAME | CAIAZZO, ALBERT G | | | 1.2 NAME | | | | The Control of the Co | |
| STREET ADDRESS | 1800 GREENWAY PARK A | T MARSH LANDO | IGS #1811 | 1.3 STREET | ADDINESS. | | | | |
| CITY-ST-ZiP | JACKSONVILLE BEACH FI | | 100,8 1011 | 1.4 CITY-5 | | | | | |
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| STREET ADDRESS | | | | 4.3 STREET | | | | | |
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| NAME OXDEEX ADDRESS | | | | 5.2 NAME | , MDDDCCC | | | | |
| STREET ADDRESS | | | | 5 3 STREET | ! | | | | |
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| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | | |
| CITY - S1 - ZIP | | | | 64 CITY- 5 | | | | | |
| 14, I do hereby | certify that the information supple | ed with this filing is vo | oluntarily furnish | red and doe | s not qualify | for the exemption stated in Section 119 | .07(3)(k), Florida S | talutes. I further | |
| | | | | | | rate and that my signature shall have the his report as required by Chapter 607, F | | | |