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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003393 (2)

1. Corporation Name

THE GOLDEN COMPANY, INC.



Principal Place of Business

10408 SW 49TH PLACE
COOPER CITY FL 33328

Mailing Address

10408 SW 49TH PLACE
COOPER CITY FL 33328

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

644 SE 4 Avenue

27

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Fort Lauderdale, FL

29

Zip

Country

24

25

29

33301

30

USA

9. Name and Address of Current Registered Agent

GOLDEN, E S
644 SE 4TH AVE.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

GOLDEN, ERIC J

STREET ADDRESS

10408 SW 49TH PLACE
COOPER CITY FL 33328

CITY-ST-ZIP

TITLE

D

DELETE

NAME

GOLDEN, DENISE A

STREET ADDRESS

10408 SW 49TH PLACE
COOPER CITY FL 33328

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D P

Change

Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE

D S T

Change

Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. 1. TITLE

Change

Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. 1. TITLE

Change

Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. 1. TITLE

Change

Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. 1. TITLE

Change

Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MON/PHONE #

CR2E034 (12/95)