Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90102 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # P9500(Name LDEN COMPANY, INC.	000339	93							
Principal Place	of Business	Mailing A	Address				\$ 1001100F 11 0 10101 0111(0411) 0	BANK WOLLE BELLE I	iu fuu (1100 11410 1	4100 1181 4 00 1
10408 SW 49TH PLACE 644 SE 4 AVENUE FT LAUDERDALE FL 33301 US						DO NOT WR Date Incorporated or Qualifed		SPACE		
2. Principal Place of Business 2a. Mailing Address							El Number		Ann	lied For
21 26						55-0553914		<u> </u>	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A	dditional	
27					5. 0	Certifcate of Status Desired		Fee Rec	uired	
City & State	9	City &	& State				Election Campaign Financing Frust Fund Contribution		\$5.00 i Added to	· .
Zip	Country	Zip		Country		8. 7	This corporation owes the cui	rent year int		
24	25	29	30)			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered	Agent	81	N 1	10.	Name and Address of New	Registered	Agent	
GOLDEN, E S				81	Name					
644 SE 4TH AVE.				82	Street Add	iress (P.C	O. Box Number is Not Accept	table)		
FT. LAUDERDALE FL 33301			83							
				63						
				84	City			FL	85 Zip C	ode
agent. I ai SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as	ations of, Section	on 607.0505, Florida	a Statutes	tne corporati	red when reli		DATE		
TITLE	DP OF TIGERS A	NO DIRECTOR	DELETE	1.1 TITLE			DDITIONO/DINAVOLO 10 O	,	Change	Addition
NAME	GOLDEN, ERIC J			1.2 NAME						
STREET ADDRESS	10408 SW 49TH PLACE			1.3 STREET	1					
CITY-ST-ZIP	DST CITY FL		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP				☐ Change	Addition
TITLE	GOLDEN, DENISE A		- DETELL	2.1 TILLE						
NAME	10408 SW 49TH PLACE			2.3 STREET	r ADDDESS					,
STREET ADDRESS	COOPER CITY FL			2.4 CITY-S				:		i
CITY-ST-ZIP TITLE	OOOI EIT OITT TE		☐ DELETE	3.1 TITLE	,,- <u>2</u> ,-			-	Change	Addition
NAME			_	3.2 NAME						
STREET ADDRESS				3.3 STREET	TADDRESS					
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					
TITLE			DELETE	51 TITLE					Change	☐ Addition
NAME				5.2 NAME			d e			
STREET ADDRESS					TADDRESS		t			
CITY-ST-ZIP			□ peress	5.4 CITY-S 6.1 TITLE	i-ZiP			•	☐ Change	Addition
TITLE I			□ DELETE	0.1 (3112	ı				LI CHAINGE	

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 with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP