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

PROFIT CORPORATION ANNUAL REPORT

1998

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Zip

City & State

A280

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000003469 (0)

GOLDEN WAY REAL ESTATE INVESTMENT, INC.

Country

9. Name and Address of Current Registered Agent

25

LANGSTADT, OLIVER J 9485 SUNSET DRIVE

**MIAMI FL 33173** 

Principal Place of Business Mailing Address 265 IROQUOIS STREET 265 IROQUOIS STREET MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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City & State

Zip

**FILED** Jan 29 1998 8:00am Secretary of State



Yes Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year intangible

01/13/1995

65-0638423

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

			84	City		FL	85	Zip Co	ode
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 or printed name of registered agent and title if applicable	ole, (NOTE, R		nt signature required when reins	stating) XITIONS/CHANGES TO OF	DATE	DIDEC	TODE	101 40
12.	OFFICERS AND DIRECTORS	DELETE	13.	MUL MUL	THONS/CHANGES TO OF	FICERS AND	Char		Addition
TITLE	PVST	L DELETE	1.1 TITLE			Ļ		iye	Audition
NAME	OTH, ELFRIEDE		1.2 NAME						
STREET ADDRESS	265 IROQUOIS STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-S	r-žiP					
TITLE	D	☐ DELETE	2.1 TITLE			1	Char	ige	Addition
NAME	OTH, ELFRIEDE		2.2 NAME						
STREET ADDRESS	265 IROQUOIS STREET		23 STREET	ADDRESS	<b>-</b>	-			
CAY-ST-ZIP	MIAMI SPRINGS FL 33166		2. 4 CITY - S	T-ZIP					
TITLE		DELETE	3.1 TITLE				Char	nge	Addition
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TITLE		☐ DELETE	5.1 TITLE			Ĺ	Chan	ıge	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY - ST - ZIP			5.4 CITY - ST	- ZIP		<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			L	Chan	ige	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	adoress					
CITY - ST - ZIP			6,4 CITY-S1						
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.  SIGNATURE:									
SIGNATURE: CATALOGUE POR SIGNATURED /20 / 18									

Country

81 Name

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