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PROFIT CORPORATION ANNUAL REPORT



**RLORIDA DEPARTMENT OF STATE** Sandra B. Mortham

Secretary of State ... DIVISION OF CORPORATIONS

1996

P95000005030 (8) **DOCUMENT #** 

WHITE GOLD, INC.



Principal Place of B	Business	Mailing Addres	SS							
725 S.E. WEST PORT ST. LUCIE			est virginia Lucie fl 349							
						3. Date Incorporated or C 01/17/1995	Qualified	3a. Date	of Last Re	port
2. Principal Place	of Business	2a. Mailing Ad	idress			4. FEI Number			I A	pplied For
1	•	26				65-054	6932		_ N	lot Applicable
Suite, Apt. #, e	etc.	Suite, Apt.	. #, etc.			5. Certificate of Status De	esired		•	Additional leguired
City & State	***************************************	City & Stat	te			6. Election Campaign Fina	nancing	<del></del>		May Be
3		28				Trust Fund Contributio	_			to Fees
Zip	Country	Zip		Count	ry	8. This corporation has lie		angible tax	under s	199.032,
4	25	29		30		Florida Statutes  10. Name and Address	Yes	<b>_</b>	cont	
	9. Name and Address of	Current Registered Age	nt	8	1 Name	10. Name and Address	OI NEW NE	Sigralan w	gent	
				6	II Name					
BUCK, KEI 725 S.E. W	NNETH West Virginia Ave.				2 Street A	ddress (P.O. Box Number is Not	Acceptable	)		
	LUCIE FL 34983				3					
•				8	4 City			FL	85 Zig	Code
11. Pursuant to the	the provisions of Sections 60	7.0502 and 607.1508, Flo	rida Statutes	s, the above	s-named cor	poration submits this statement f	for the purpo	ose of char	nging its re	egistered offic agent. Lam
or registered familiar with, a SIGNATURE	agent, or both, in the State and accept the obligations of	of Florida. Such change work, Section 607.0505, Florida	ras authorized da Statutes.	d by the co	rporation's c	oard of directors. Thereby accep	for the purpo of the appoir	ose of char ntment as i	nging its re registered	egistered offic agent. I am
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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 Florida Statutes, or on an artach input with an address.

SIGNATURE

ING OFFICER OR DIRECTOR

Daytine Phone #

Date