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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **095000043750**
1. Corporation Name
GOLDEN SEA MANUFACTURING CORPORATION

Principal Place of Business Mailing Address
**1420 GEMINI BLVD., SUITE 9
ORLANDO, FL 32837**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **30 MAY 95** 3a. Date of Last Report **1996**
4. FEI Number **59-3327066** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LOREN V COPELAND
1420 GEMINI BLVD., SUITE 9
ORLANDO, FL 32837**

10. Name and Address of New Registered Agent
81 Name **PHILIP CONCIALDI**
82 Street Address (P.O. Box Number is Not Acceptable) **1420 GEMINI BLVD., SUITE 9**
83
84 City **ORLANDO,** FL 85 Zip Code **32837**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to be 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 *Philip Concialdi* **PHILIP CONCIALDI** DATE **21 OCT 1997**

12. OFFICERS AND DIRECTORS
TITLE **P** DELETE
NAME **LOREN V COPELAND**
STREET ADDRESS **1420 GEMINI BLVD., SUITE 9**
CITY-STATE-ZIP **ORLANDO, FL 32837**
TITLE **C, VP** DELETE
NAME **ELEANOR J. COPELAND**
STREET ADDRESS **1420 GEMINI BLVD., SUITE # 9**
CITY-STATE-ZIP **ORLANDO, FL 32837**
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **P** Change Addition
12 NAME **PHILIP CONCIALDI**
13 STREET ADDRESS **1420 GEMINI BLVD., SUITE 9**
14 CITY-STATE-ZIP **ORLANDO, FL 32837**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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*******61.25 *****61.25**

A. Alan
12/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or simplified 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 or changes, or on an attachment with an address.

SIGNATURE: *Philip Concialdi* **PHILIP CONCIALDI** DATE **21 OCT 1997** 1 (407) 438-5655

CR2E034 (9/96)