

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90070 036 ***150.00

DOCUMENT # *P95 0000 74139* ✓

1. Corporation Name

GOLDEN ABBEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1420 Golfview Drive
Daytona Beach, FL 32114
US

1030 W. Int'l Spdwy. Blvd.
Suite 100.
Daytona Beach, FL 32114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.
100

4. FEI Number

Applied For

59-3345914

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHECTER, RANDAL L.
1030 W. International Spdwy. Blvd., Ste. 100
Daytona Beach, FL 32114

81 Name

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

83 Suite 100

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME Miriam L. Saldon
STREET ADDRESS 654 Needlerush Rd.
CITY-ST-ZIP Port Orange, FL 32127

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME Erlinda G. Mogol
STREET ADDRESS 215 Fairfax Drive
CITY-ST-ZIP Daytona BEach, FL 32119

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME Imelda C. Lavarias
STREET ADDRESS 718 Breckenridge Drive
CITY-ST-ZIP Port Orange, FL 32127

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME Rogelio A. Mogol
STREET ADDRESS 215 Fairfax Drive
CITY-ST-ZIP Daytona Beach, FL 32119

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miriam L. Saldon, President

Date

4/15/99

(904) 257-6924

Daytime Phone #

CR2E034 (1/98)