

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036161 (3)

1. Corporation Name

GOLDEN ENTERPRISE INTERNATIONAL, INC.

Principal Place of Business

833 CHICAGO AVE  
OCFEE FL 34761  
US

Mailing Address

P O BOX 770639  
WINTER GARDENS FL 34777  
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

59-3375835

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the  
office or registered agent, or both, in the State of Florida. Such change was authorized by  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, above-named corporation submits this statement for the purpose of changing its registered  
agent by the corporation's board of directors. I hereby accept the appointment as registered  
agent.

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

TITLE PSTD  
NAME DEVEREUX, PRISCILLA A  
STREET ADDRESS 3040 SOUTH GOLDENROD ROAD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the  
indicated on this annual report. Supplemental annual report is true and accurate  
officer or director of the corporation or the receiver or trustee empowered to execute  
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Priscilla A. Devereux

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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