## 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** 

## DOCUMENT # P96000057805

GOLDEN SUN DEVELOPMENT, INC.

	· ·											
Principal Place of Business Mailing Address										1 18661 1611	't Adias erre inn.	
7061 S. TAMIAMI TR. SARASOTA FL 34231 US  7061 S. TAMIAMI TR. SARASOTA FL 34231 US  US			RASOTA FL 34231					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed 07/10/1996				
2. Principal Pl	ace of Business	2a.	Mailing Address	_				4. FEI Number		$\vdash$	opplied For	
21			26					65-0681720			lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5Certificate of Status Desired .	بريب سيد		Additional	
22			27								Required	
City & State			City & State					6. Election Campaign Financing			May Be	
23		28						Trust Fund Contribution			to Fees	
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current ye		yes Yes	□No	
24	25	29		30				Personal Property Tax.  10. Name and Address of New Regist		•		
	9. Name and Address of Curren	Regis	stered Agent	_	81	Name		10. Name and Address of New Regist	BIEG AN	BIIL		
GAR	DI, LES				["	( tallie						
7061 S. TAMIAMI TR.					82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)				
	ASOTA FL 34231				83							
ن مرن	OOTA TE OFZOT				63							
					84	City				85 Zip	Code	
<u> </u>					-				FL		sistered	
11. Pursuant t	to the provisions of Sections 607.0502	≀ and 6 of Florid	07.1508, Florida Statute	es, the al	oove I hv 1	e-named of the corpo	corpor	ration submits this statement for the purpo i's board of directors. I hereby accept the	se or cna appointm	anging it ient as r	s registered egistered	
agent. I ar	m familiar with, and accept the obligat	ions of	, Section 607.0505, Flor	rida Statı	ıtes.			, , , , , , , , , , , , , , , , , , , ,			Ĭ	
SIGNATURE												
	Signature, typed or printed name of registered agen				Agent	t signature re	equired v	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DIRECT	ODE IN 12	
12.	OFFICERS AN	DIRE	DELETE	13.	n #	ſ		ADDITIONS/CHANGES TO OFFICER		Change		
TITLE	P								_		٠	
NAME	IZDEBSKI, ERIC I			1.2 NA								
STREET ADDRESS	4831 SWEET MEADOW CIRCLE	:				ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34238		☐ DELETE	1.4 CF		-ZIP				Change	Addition	
TITLE	S		□ pere is	2.1 TI						_ change		
NAME	IZDEBSKI, WANDA	_		2.2 NA							1	
STREET ADORESS	4831 SWEET MEADOW CIRCLE	:				ADDRESS	_	<b></b>				
CITY-ST-ZIP	SARASOTA FL 34238			2. 4 CI		T-ZIP				Change	Addition	
TITLE			☐ DELETE	3.1 TII					L,	Change		
NAME .				3.2 NA		ļ					İ	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			(") ner ===	3.4. C		T-ZIP				Change	Addition	
TITLE	•		☐ DELETE	4.1 TE					L	_i Change		
NAME				4.2 N					-			
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			<del></del>	4.4 CF	_	r-ZIP				7.05	Addition	
TITLE			☐ DELETE	5.1 TIT		j			L	_ Change	e	
NAME				5.2 NA							}	
STREET ADDRESS						ADDRESS		<u>.</u>			ļ	
CITY-ST-ZIP				5.4 CI		r-ZIP						
TITLE	•		☐ DELETE	6.1 TIT						_ Change	e	
NAME				6.2 NA	ME						j	
STREET ADDRESS				6.3 ST	REET	ADDRESS					]	

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 of an attachment with an address with all other like empowered.

SIGNATURE:

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90077 002 \*\*\*150.00