## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000080955 (3)

**SELF-LIQUIDATING GOLD INC.** 

May 19 1997 8:00am Secretary of State 

**FILED** 

100 BOUTH BEACH STREET SUITE 212 DAYTONA BEACH PL 32114		100 SOUTH BEACH STREET SUITE 212 DAYTONA BEACH FL 32114-4417		3. Date Incorporated or Qualified 09/30/1996	3a. Date of		eport LPST	
2. Principal Place of Business					4, FEI Number	700	Ар	plied For
2. Principal Place of Business 21 4 7 8					105-07037	40	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	<b>5</b>	8.75	Additional
22 SUL	27			5. Certificate of Status Desired		Fee Re	quired	
Gity & State	City & State	ate		6. Election Campaign Financing			May Be	
23 (a() Table 1 - 28			1 - 6		Trust Fund Contribution	<del></del>	Added t	
	4 33462 25 29 30			8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes No				
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  PELADOCHE CTORN N. 4 ECO. 81 Name								
DELAROCHE, STEVEN N. J ESQ.  100 SOUTH BEACH STREET SUITE 212				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
	E 212 Tona Beach FL 32114		83			<u></u>		
. Oni	TOTA DENOTITE DETIT			-			Υ	
			84	City		FL 85	Zipi	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	Signature, typed or printed name of registered agent a	nd tille it applicable (NOT	E Regiatereo Ag	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	EC10F	S IN 12
TITLE	PD	DELETE	1.1 T(TLE				Change	Addition
NAME	PADUANO, MICHAEL S		1.2 NAME					1:
STREET ADDRESS	ET ADDRESS 5851 HOLMBERG ROAD, APT. 823			1 ADDRESS				li
CITY-ST-ZIP	PARKLAND FL 33067 140		1.4 CITY-	ST-ZIP				
TITLE	VSD	DELETE	2 1 TITLE				Change	☐ Addition
NAME	LOCKE, JAMES G		22 NAME					
STREET ADDRESS	5481 NW 40TH TERRACE		2 3 S1RE6	I ADDRESS				i
CITY-SI-ZIP	COCONUT CREEK FL 33073		2, 4 CITY	ST-ZIP				1
TITLE	TD	DELETE	3 1 1171.8				Change	Addition
NAME	JÖHNSON, JAMES N		3.2 NAME					
STREET ADDRESS	301 S. ABERCORN CIRCLE		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>		3,4. CITY-	S1-7IP				
TITLE	D	DELETE	4.1 TITLE				Change	Addition
NAME	PADUANO, NORA		4. 2 NAMI	: 1				
STREET ADDRESS	5851 HOLMBERG ROAD		4.3 STREE	1 ADDRESS				
CITY-ST-ZIP	PARKLAND FL 33087		4.4 CITY-	j				
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME	1			•	
STREET ADDRESS	,		ľ	T ADDRESS				
CITY-ST-ZIP			5.4 City-					
TITLE	+	DELETE	6.1 TITLE	DI-4II			Change	Addition
NAME S	$\mathcal{L}_{\mathbf{p}}$		6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	As As							
117-91-21F	·		64 CITY-	01-710				1

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. For the 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 Sheck 13 if changed, or on an attachment with an address.