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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000081696 (2)

GOLD LION INC.

Principa	Place of	Business

Mailing Address

FILED Mar 09 1998 8:00am Secretary of State



129 E MERRITT ISLAND CSWY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
					09/30/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3073971	 	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			5. Certificate of Status Desired		Pequired
City & Stat	6	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28		41-41	Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the	_ `	
24	25 9, Name and Address of Current I	29	30		Personal Property Tax due June 30.	Yes	_ <u> </u>
	<u>T</u>`.	registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	ATTERSON, AMBER A		"	Name			
	9 E MERRITT ISLAND CSWY		82	Street Add	dress (P.O. Box Number is Not Acceptable)	· <u></u> .	
Mt	ERRITT ISLAND FL 32952		83				
			84	City		85 4	Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	tes the abov	e-named cor	rogration submits this statement for the nurnos	e of changin	a its registered
office or r	egistered agent, or both, in the State of	Florida. Such change was	authorized b	y the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment	as registered
	m lamiliar with, and accept the obligant	ons of, Section 607.0505, Fi	iorida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Ac	ent signature regu	ulred when reinstating) DAT	F	
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS A		IORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Chan	
NAME	LACUE, SHELBY		1.2 NAME				
STREET ADDRESS	129 E MERRITT ISLAND CSWY		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-1	ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition
NAME	PATTERSON, AMBER A		2.2 NAME				
STREET ADDRESS	129 E MERRITT ISLAND CSWY		2.3 STREE	ADDRESS	K.,.		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2. 4 CITY-	ST-ZIP	·		
TITLE	D	☐ DELETE	3.1 TITLE			Chan	ge 🔲 Addition
NAME	SHAFFER, BARRY R		3.2 NAME				
STREET ADDRESS	129 E MERRITT ISLAND CSWY		3.3 STREE	ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL 32952		3.4. CITY-	ST - ZIP			
TITLE	D	DELETE	4.1 TITLE			Chang	ge Addition
NAME	LACUE; JASON		4. 2 NAME				
STREET ADDRESS	129 E MERRITT ISLAND CSWY		4.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	MERRITT ISLAND FL 32952		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELE TE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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.

1. 6C W

(4.5) (4.0)