## 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

P96000102099 (4) DOCUMENT #
1. Corporation Namo

THE GOLDEN EGG, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				· ·•· - · · · · · · · · · · · · · · · ·	T TRAILDAN HIR HAND BUTH CORFU ABOUT HAND BAND HEART ABOUT	
4267 HENDER TAMPA FL 33		9527 CARR ROAD RIVERVIEW FL 22569-5620			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					12/18/1996	
2. Principal Place of Business 2a. Mailing Address				<del>-</del>		Applied For
21 26		26			APPLIED FOR 34 39080	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Additional
22 City & Stat	27     27				Fee	Required
23 28		t1	Ony & Otato			00 May Be ed to Fees
Zip			Countr	у	This corporation owes or has paid the current year Intangible	
24	25 29 30		30	Personal Property Tax due June 30. 🔀 Yes 🗌 No		
g. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent	
PENDINO, ROBIN C				Name		
9527 CARR ROAD			62	Street Addi	ress (P.O. Box Number is Not Acceptable)	
RIVERVIEW FL 33569			83			
				<u> </u>		
			84	City	FL   85   Zi	ip Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute e of Florida. Such change was a	s, the abov	re-named corp by the corporat	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment	its registered as registered
•	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statute	S.	, , , , ,	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Ag	ont signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	, ·		1.1 TITLE		☐ Chang	e 🔲 Addition
NAME	PENDINO, ROBIN C		1.2 NAME			
STREET ADDRESS	The Property of Course			T ADDRESS		1
CITY-\$T-ZIP TITLE			2.1 TITLE	ST-ZIP	. Change	e Addition
NAME		22			Change	, La Addition
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE	DELETE 3.		3.1 TITLE		☐ Change	e 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE			3.4. CHY-	ST-ZIP		4 2 4 1 1 1
NAME			4.1 TITLE 4. 2 NAME		☐ Change	e L Addition
STREET ADDRESS			1	T ADDRESS		1
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	5.1 TITLE	7, 2.1	☐ Change	Addition
NAME :			5.2 NAME		·	ļ
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	·		5.4 CITY - 5	ST-ZIP		
TITLE	<u>.</u>		6.1 TITLE		Change	Addition
NAME CTOTET ADODGGG			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	ertify that the information even look	with this filing does not qualify for	6.4 CITY - 5	il-ZiP	Casting 140 07(0)(1) Finish On the 14 shape 14 shape 14 shape 15 s	

Interest 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 9 on an attachment with an address.

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