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 # P96000103252 (8)

THE GOLDEN BOUGH COMPANY

Principal Place of Business	Mailing Address				
920 NORTH GOLFVIEW DRIVE LAKE WORTH FL 33460	920 NORTH GOLFVIEW DRIVE LAKE WORTH FL 33460				

FILED May 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				- I IDDIFADI LIB IBILD DILII ADLII ABILI ABILI ABILI IIDIA I	#188 11119 11881 BIII	10 1101 1001	
920 NORTH GOLFVIEW DRIVE 920 NORTH GOLFVIEW DRIV LAKE WORTH FL 33460 LAKE WORTH FL 33460				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified			
5 5 5 5 5 5 5 5 5 5	The Control of the Co	L. K. B. W. SETTE				01/01/1997			
	lace of Business	2a. Mailing Addres	is			4. FEI Number 65-068 9676	· · ·	oplied For of Applicable	
21 Suite, Apt.	# Alc	Suite, Apt. #, 6	ic.				\$8.75		
22		27				5. Certificate of Status Desired	•	equired	
City & State	е	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution			
		Zφ	· - ·			8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Curre	29	30			Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	- 	iit negistered Agent		81 Nai	 ne	(U. Name and Address of New Registere	u Agent		
	CHNER, BEDA J								
920 NORTH GOLFVIEW DRIVE LAKE WORTH FL 33460				82 Stre	et Addre	t Address (P.O. Box Number is Not Acceptable)			
-				83					
				84 City	,		85 Zip (Code	
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida	Statutes, the at	ove-nan	ed corpo	ration submits this statement for the purpose	of changing it	s registered	
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the obliq	eol Florida. Such ch ange jations of, Section 607.0 5	e was authorized 505, Florida Stat	d by the outes	corporatio	on's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE									
12.	Signature, type discipented name of a perforestia; OFFICE DS: AA	i o seel the it apple able. ID DIRLCTORS	(NOTE Registered	l Agent sign	ature required	ADDITIONS/CHANGES TO OFFICERS A		RS INI 12	
TITLE	DP	DELE		LE		ADDITIONAL ANGES TO OFFICE 10 A	Change	Addition	
NAME	LECHNER, BEDA		1,2 NA					_	
STREET ADDRESS	920 NORTH GOLFVIEW DRIV	Έ		REET ADDRE	ss				
CITY-ST-ZIP	LAKE WORTH FL 33460	_		IY-SI-ZIP					
TITLE	JOHN SPECKMAN	DELE	TE 2.1 TO	(F)e	NIA TUSCANO	Change	Addition	
NAME	GOLFVIE	WDEWE	22N4	M(90	LO N. GOLFVIEW DR.			
STREET ADDRESS				2.3 STREET ADDRESS L		NIA TUSCANO LO N. GOLFVIEW DR. NKE WORTH, FLA.	3 3460		
CITY-ST-ZIP	VICE - PRES			TY - ST - ZIP		ICE - PRESIDENT			
TITLE		☐ DELE	TE 3.1 TII	l E			Change	Addition	
NAME			3.2 NA						
STREET ADDRESS				REL'T ADDRÉ	SS				
CITY-ST-ZIP				TY-ST-ZIP			Change	Addition	
TITLE NAME		L) VELE	1E 41TN				— origings	Addition/	
STREET ADDRESS				rimi Reel Addre	ec l				
				IY-ST-ZIP	33				
CITY-ST-ZIP TITLE		DELF					Change	Addition	
NAME			52 N/				. •	•	
STREET ADDRESS				HEET ADDRE	ss				
CITY-ST-ZIP				Y-\$1-ZIP					
TITLE		DELE					Change	Addition	
NAME			62 NA	ME	-				
STREET ADDRESS			63 ST	REET ADDRE	ss				
CITY-ST-ZIP			64 CF	Y-ST-ZIP		46.074.20			

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 informatio 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 trusted 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.

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