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

## PROFIT FLOW A DESARTMENT OF STATE

## **FILED** Jun 29 1998 8:00am

CORPORATION ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCUMENT # 1000 13290 1. Corporation Name JAVA GOLD INL 1508 Main STREET SARASOM, FLORIDA 34236					
Principal Place	e of Business AAIN SN2£		ng Address 8 Main S	+reet	
	SOM FAL	7	rasotu, F	LUTIDA	DO NOT WRITE IN THIS SPACE
	342	3 6	3	4236	3. Date Incorporated or Qualified 2/11/97
	lace of Business	<u> </u>	failing Address		4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	#, <b>61</b> C.	26 S	uite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22 City & Stat	0	27	city & State		Fee Required  6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip 24	25 Co	untry Z	ip 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		idress of Current Register			10. Name and Address of New Registered Agent
Joh	n. D. An	densen		81 Name	е
					et Address (P.O. Box Number is Not Acceptable)
		FLORIDA S	34236	83	
, Ju.,	4201W	1 201-112 1 3		84 City	FL 85 Zip 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, of 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.					
agent. I a SIGNATURE	m familiar with, and	(coept the obligations of S	Section 607.0505, Florid	da Statutes.	
	Signature, lypy d or printed	name of page 18 and the if a OFFICERS AND DIRECTOR		tegistered Agent signatu	ure required when reinstating)  DATE  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 14)
12.	Preside		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   S
NAME		Anderson		1.2 NAME	
STREET ADDRESS	ISOR MC	un Street		1.3 STREET ADDRESS	s
CITY-ST-ZIP	Saras	of FL 34	1236	1.4 CITY - ST - ZIP	
TITLE	÷		☐ DELETE	2.1 TITLE	Change L Addition
NAME				2.2 NAME	
STREET ADDRESS	5		-	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
TITLE	<del></del>		DELETE	3.1 TITLE	Change Addition
NAME	*			3.2 NAME	
STREET ADDRESS	Ī			3.3 STREET ADDRESS	s (
CITY-ST-ZIP				3.4. CITY-ST-ZIP	
TITLE	÷ •		☐ DELETE	4.1 TITLE	Change Addition
NAME STREET ADDRESS				4. 2 NAME	
CITY-ST-ZIP	-			4.3 STREET ADDRESS 4.4 City-St-Zip	
TITLE		·	DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME	
STREET ADDRESS	 			5.3 STREET ADDRESS	5
CITY-ST-ZIP				5.4 CITY - ST - ZIP	
TITLE	* :		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME OTOLITA ADDRESS	÷			6.2 NAME	.  '-07/01/9801011085' <b>\'\                                 </b>
STREET ADDRESS City-St-Zip	-	5		6.3 STREET ADDRESS	700002575357 -07/01/98-01011-005
OHIT-OL-TH		7		6.4 CITY-ST-ZIP	

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 requiver 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 attrachment with an address.