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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90006 019 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000049977**

1. Corporation Name
GOLDEN GEM BUILDERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business : Mailing Address
 755 LOGAN BLVD., NORTH : 755 LOGAN BLVD., NORTH
 NAPLES FL 34119 : NAPLES FL 34119

3. Date Incorporated or Qualified
06/05/1997

4. FEI Number
59-3456803

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] 22 Suite, Apt. #, etc. [] 23 City & State [] 24 Zip [] 25 Country []

2a. Mailing Address

26 [] 27 Suite, Apt. #, etc. [] 28 City & State [] 29 Zip [] 30 Country []

9. Name and Address of Current Registered Agent

AURIGEMMA, ADA
755 LOGAN BLVD., NORTH
NAPLES FL 34119

10. Name and Address of New Registered Agent

81 Name []
 82 Street Address (P.O. Box Number is Not Acceptable) []
 83 []
 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, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AURIGEMMA, ADA	
STREET ADDRESS	755 LOGAN BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AURIGEMMA, JOHN	
STREET ADDRESS	755 LOGAN BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: *John Aurigemma* SIGNATURE *JOHN AURIGEMMA* 1-6-99 - (941)-353-1116
Signature and typed or printed name of signing officer or director Date Digital Phone #

CR2E034 (11/98)