PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanga B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062967 (9)

GOLDEN HANDS OF BOCA, INC.

Principal Place of Business Malling Address

4081 OAK CIR
BOYNTON BEACH FL 33431

Malling Address

4061 OAK CIR
BOYNTON BEACH FL 33431



98 JUL 28 AM 10: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS BPACE

3. Date Incorporated or Qualified

	- Lie						V//1//189/		
2. Principal P	lace of	Business	2a. Mailing Addr	ess			4. FEI Number	Applied For	
21			26				65-0769404	Not Applicable	
Suite, Apt. #, etg.			Suite, Apt. #	etc.			5. Certificate of Status Desired	\$8.75 Additional	
22			27				5. Certificate of Status Desired	Fee Required	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be	
23 BOCA	RAS	TON 28 BOCA RATON			/		Trust Fund Contribution	Added to Fees	
Zip	1	Country	Zip				8. This corporation owes or has paid the curr	nt year Intangible	
24	? b	25	29	30			Personal Property Tax due June 30.	Yes No	
	9, 1	Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	gent	
MAC	MICK	AI AN			81	Name		,	
MADNICK, ALAN 4061 OAK CIR					82 Street Address (P.O. Box Number is Not Acceptable)				
		ON BEACH FL 33431				82 Street Address (P.O. Box Number is Not Acceptable) 83			
5 01	MOM								
	1				1				
	Mary leaves				84	City Box	A RATON FL	85 Zip Code	
44. Purpose to the provisions of sections 607,0502 and 607,1508. Elected Statutes, the phaye 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12	
TITLE	Di			ELETE	.1 TITLE	DA	ECOR, V. PRES, SEC., TREAS	Change Addition	
NAME	MAD	INICK, ALAN		1	.2 NAME				
STREET ADDRESS	t a literatura de la compansión de la comp					ADDRESS	j.		
CITY-ST-ZIP	DELL'AND THE PARTY OF THE PARTY					ZIP BO	La Portral		
TITLE	100	THOM DENOMINE COTO			1 TITLE	774	DOLTER ROGLIDENT	Change Addition	
NAME	J. Mon				2.2 NAME	4/	RELTER, PRESIDENT AN AFROMOWITZ 052 NW 1215T WAY	Ollarigo per Addition	
STREET ADDRESS	Marine Marine				3 STREET	ADDESS /	052 NW 1215T WAY	5. A:	
	1			4			ORAL SARINGS, FL		
CITY-ST-ZIP TITLE	1				9.4 CITY-ST B.1 TITLE	·ZIP	OKAL STOVINGS, IL		
	20 mg - 1/2/ #							Change Addition	
NAME	- KANA				3.2 NAME				
STREET ADDRESS	i i				3.3 STREET	l l	700002603 -07/31/48-	はれ、こっちし	
CITY-ST-ZIP	1				3.4 CITY-ST	ZIP	-07/3 <u>]/98-</u>	11031~~U23	
TITLE	Su the		∐Þ		I.1 TITLE		****150.UUţ	*High 15D addish	
NAME	Anna Billion			I4	L2 NAME		ı.		
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CITY-ST-ZIP	أ			4	.4 CITY-ST	-ZiP			
TITLE	- gardenge		□ D	ELETE	5.1 TITLE		Ţ	Change Addition	
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CITY-ST-ZIP	* BE 7.7			I,	5.4 CITY-ST	-zip	•		
TITLE	1		l n		3.1 TITLE			Change Addition	
NAME	1 1				3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS	7 DIAMALA LI		
							5 . 1180 91 HT 14	ا وبدوري لا	
CITY-ST-ZIP	odiči i	at the Information supplied wi	th this filing does not a		emotion		ion 119 07(3)/ii Florida Statutes I further certify	at the information	
I 14 TING BUY C	⊸ini y i#il	er recitarements subbuga w	me was mind and a not dr	101 101 00			man i inter fattiti i remen nimbrodi i mi mor pormit &		

4. 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.

Marmanul DECOMPTE

2/3/08

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GOLDEN HANDS OF BOCA, INC. 4061 OAK CIRCLE BOCA RATON, FL., 33436-4633

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July 14, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Fl., 32302-1500

To Whom It May Concern:

Enclosed is my 1998 Annual Report, Document #P97000062967. I was unaware that this report was not filed. To my knowledge I never received the original report package. I respectfully request that any late fees be waived.

I notice that this copy has the wrong city for my address, but the correct zip code. That may be the reason for not receiving the original packet.

I am enclosing my check for the \$150.00 fee.

Thank you for your consideration.

Sincerely,

Golden Hands of Boca, Inc. Alan Madnick, Sec./Treas.