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

P97000074590 (5)

DOCUMENT # **GOLDEN DOOR REALTY, INC.**

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
9232 DICKEN	19 AVENUE		9232 Dic	KENS AVENUE				
SURFSIDE L 33154 SURFSIDE R 33154								
	•						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
2 Principal P	lace of Business		2a. Mailing	Address		·	08/21/1997 4. FEI Number Applied For	
21 220	Ties STI	REET	26	y Addiess			Applied For Not Applicable	
Suite, Apt.		'W	+	Apt. #, etc.			\$9.75 Addis(
22	211		27				5. Certificate of Status Desired Fee Required	
City & State			City &	State			6. Election Campaign Financing \$5.00 May Be	
23 MIAM	· · · · · · · · · · · · · · · · · · ·		28		<u> </u>		Trust Fund Contribution Added to Fees	
≂ ^{4™} 🔁 2	Country	RING	Zip		Count	ry	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Addres		29 Registered A	oent	30		Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent	
AD	DILA, ROSEMARY	- 01 00110M	iogratorou za	you	l _B	B1 Name		
92	38 DICKENS AVENUE	_		,	I -			
SUBSECTED 33154 PDD8655 change Only						Street Address (P.O. Box Number is Not Acceptable)		
			0	/	8:		1 131 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Que	(cz ·		8	4 (3)	Int I 7% Ondo	
		-	•			1 " H	HIAMI BEACH FL 85 Zip Code	
11. Pursuant I	to the provisions of Section	ons 607.0502	and 607.1508	, Florida Statute	s, the abo	ve-named	d corporation submits this statement for the purpose of changing its registered	
agent. I a	m familiar with, and acce	plane obligation	ons of, Section	n 607.0505, Flo	rida Statute	by the corp 98.	rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Kozewsk	ZMI.	a				re required when reinstating) APRIL 15, 1998 DATE	
Signature typed or printing hame of impatement agent and title it applicable (NOTE: Registered Agen						gent signature		
12.	<u> </u>	FICERS AND I	DIRECTORS	DELETE	13.	γ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	ARDILA, ROSEMAR	IV		C) DELETE	1.1 TITLE	1	Change	
STREET ADDRESS	9239 DICKENS AV				1.2 NAME	ET ADORESS	AND THE CHOCKET COUTS 211	
CITY-ST-ZIP	SURESIDE EL 3315				1		220 71ST STREET_SUITE 211 NIAMI BENCH FL 33141	
TITLE	00190102			DELETE	1.4 CITY- 2.1 TITLE		Change Addition	
NAME					2.2 NAME	- 1		
STREET ADDRESS					1	T ADDRESS		
CITY-ST-ZIP					2. 4 CITY			
TITLE				DELETE	3.1 TITLE	- 31 - 24	☐ Change ☐ Addition	
NAME					3 2 NAME			
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP					3.4 CITY			
TITLE				DELETE	4.1 TITLE		Change Addition	
NAME					4. 2 NAME	ε		
STREET ADDRESS					4.3 STREE	T ADDRESS		
CITY-ST-ZIP					4.4 CITY-	ST-ZIP		
TITLE				DELETE	5.1 TITLE		Change Addition	
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREE	T ADDRESS		
CITY-S1-ZIP					54 City-	ST-ZIP		
TITLE				DELETE	6.1 TIFLE	T	☐ Change ☐ Addition	
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREE	1 ADDRESS		
CITY-ST-ZIP		····			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 occiproration 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.