ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

JOCUMENT # P97000095132₁

R.F. GOLDT & ASSOCIATES, INC.

FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90001 001 ***550.00



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ncipal Place of Business Mailing Address							T SARACARAN SIN UBIST TRACKL BOSIN BOSIN BOUND COLOUR DISIDI VINERA USI		
2 EAST VENICE AVENUE #205 312 EAST VENICE AVENU						#205		·	
NICE FL 34292 VENICE FL 34292									
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
								11/06/1997	
Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For	
26							65-0792399 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
27							5. Certificate of Status Desired Fee Required		
City & State			<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be	
75-		[28]					Trust Fund Contribution		
Zip Country		— ·	<u> </u>	Zip Cou		ıntry	•	8. This corporation owes the current year	
25 29 9. Name and Address of Current Registered Agent			stered Agent	[30]			Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent		
	3, Maille	and Address of Co	urient Kegi:	stereu Agent		81	Name	10. Name and Address of New Registered Agent	
AM	ERILAWYER					L.			
343 ALMERIA AVENUE						82	Street Add	Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134					83				
in all	en e						·		
			is of its			84	City	FL 85 Zip Code	
Pursuan	t to the provisi	ons of sections 607	.0502 and 6	07.1508. Florida Statute	s, the ab	ove-	named corpo	pration submits this statement for the number of changing its registered	
office or	registered age	ent, or both, in the S	State of Flori	ida. Such change was a f, section 607.0505, Fl	authorize	d by	the corporati	ion's board of directors. I hereby accept the appointment as registered	
•		ur, and accept the c	opiigalions o	ii, Secilori 007.0303, Fii	Jilua Sta	uies	٠.		
NATURE		r printed name of registere	d agent and title	if applicable. (No	TE: Registe	red A	gent signature req	guired when reinstating) DATE	
OFFICERS AND DIRECTORS					13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	l .	PSTO DELETE		1.1 11	1.1 TITLE		Change Addition		
•	GOLDT, ROBERT F JR		1.2 NA	1.2 NAME					
ET ADDRESS					1.3 ST	1.3 STREET ADDRESS		·	
ST-ZIP VENICE FL 34292					1.4 CITY-ST-ZIP				
	772 m 2 m			DELETE		ILE ,_		Change - Addition	
	1				2.2 NA				
T ADDRESS)			2.3 STREET ADDRESS					
T-ZIP				2.4 (1)			ZIP		
				☐ DELETE	3.1 TIT 3.2 NA		ł	Change Addition	
TADDRESS .					4				
r-zip					3.4 CIT		ADDRESS		
I-ZIF				DELETE	4.1 TJT		ZIP		
ĺ		□ DEFE		□ DEFE IE	4.1 ME			L_ Change L_ Addition	
ADDRESS							ANDRESS		
-ZiP						3 STREET ADDRESS 4 CITY-ST-ZIP			
				DELETE	5.1 T(T		-"-	Change Addition	
}				_	5.2 NA	5.2 NAME			
ADDRESS	ss			5.3 STREET ADDRESS		ADDRESS	,		
-ZIP					5.4 C/I			}	
				DELETE	6.1 TIT	LE		Change Addition	
}				· -	6.2 NA	ME	}		
ADDRESS					6.3 STF	REET	ADDRESS .		
ZIP					6.4 CIT	Y-ST	ZIP		

ereby 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 dicated 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE: SIGNATURE AND TYPE DATE DE MATERIA

485-870

(149)