PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098630

1. Corporation Name

SOLID GOLD NORTH, INC.

Principal Place of Business Mailing Address						
1200 CASSAT AVENUE 1200 CASSAT AVENUE						
		JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					11/12/1997	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number Applied For	
——————————————————————————————————————		26	, , ,		59-3479867 Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.	_		\$8.75 Additional	
22	,	27			5. Certificate of Status Desired Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes □No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Name	•	
SCARBOROUGH, WAYNE JR			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1200 CASSAT AVENUE			L			
JAC	KSONVILLE FL 32205		8	3		
ĺ			-	4 City	85 Zip Code	
			°	4 City	FL S E S S S S S S S S	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Ap	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	,	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CARRODOLICH WAYNE ID	C) percie	1.2 NAMI			
NAME	SCARBOROUGH, WAYNE JR			ET ADDRESS		
STREET ADDRESS	1					
CITY-ST-ZIP	JACKSONVILLE FL 32205	☐ DELETE	1.4 CITY		☐ Change ☐ Addition	
TITLE		- Decen	2.2 NAM		J	
NAME						
STREET ADDRESS	5			ET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY 3.1 TITLE		☐ Change ☐ Addition	
TITLE		- Decerc	3.2 NAM			
NAME				ET ADDRESS		
STREET ADDRESS	5		L			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE		☐ Change ☐ Addition	
	1		4. 2 NAM		- -	
NAME				EET ADDRESS		
STREET ADDRESS				TI KDOKESS		
CITY-ST-ZIP			4 4 4 4 4 4	OT 710		
TITLE	1	□ DELETE		-ST-ZIP	☐ Change ☐ Addition	
NAME		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
		☐ DELETE	5.1 TITLE 5.2 NAM	E	☐ Change ☐ Addition	
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE	E EET ADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAM	E EET ADDRESS - \$T- ZIP	☐ Change ☐ Addition	

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90146 031 ***150.00

CR2E034 (11/98)