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FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000104837 (4)

1. Corporation Name

GOLDEN TRIANGLE MANAGEMENT CORP.



Principal Place of Business

Mailing Address

6765 NORTH WICKHAM ROAD  
SUITE #C-106  
MELBOURNE FL 32940

6765 NORTH WICKHAM ROAD  
SUITE #C-106  
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

59-3481492

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDING, HARRIET  
6765 NORTH WICKHAM ROAD  
SUITE #C-106  
MELBOURNE FL 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GOLDING, HARRIET  
STREET ADDRESS 6765 NORTH WICKHAM ROAD, SUITE #C-106  
CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME BROUGH, RICHARD A JR.  
STREET ADDRESS 6765 NORTH WICKHAM ROAD, SUITE #C-106  
CITY-ST-ZIP MELBOURNE FL 32940

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME LEVY, JERROLD G  
STREET ADDRESS 60 CUTTER MILL ROAD, SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SCHLOSSBERG, MORTON J  
STREET ADDRESS 60 CUTTER MILL ROAD, SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME JARDINE, JEFFREY P  
STREET ADDRESS 60 CUTTER MILL ROAD, SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME STANZION, BARBARA T  
STREET ADDRESS 60 CUTTER MILL ROAD, SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (10/97)

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Dep \$50