


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90079 041 \*\*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000104837</b> 1. Corporation Name <b>GOLDEN TRIANGLE MANAGEMENT CORP.</b>					
Principal Place of Business 6765 NORTH WICKHAM ROAD SUITE #C-106 MELBOURNE FL 32940			Mailing Address 6765 NORTH WICKHAM ROAD SUITE #C-106 MELBOURNE FL 32940		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>12/12/1997</b> 4. FEI Number <b>59-3481492</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GOLDING, HARRIET</b> <b>6765 NORTH WICKHAM ROAD</b> <b>SUITE #C-106</b> <b>MELBOURNE FL 32940</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GOLDING, HARRIET 6765 NORTH WICKHAM ROAD, SUITE #C-106 MELBOURNE FL 32940 VP BROUGH, RICHARD A JR. 6765 NORTH WICKHAM ROAD, SUITE #C-106 MELBOURNE FL 32940 VPD LEVY, JERROLD G 60 CUTTER MILL ROAD, SUITE 212 GREAT NECK NY 11021 D SCHLOSSBERG, MORTON J 60 CUTTER MILL ROAD, SUITE 212 GREAT NECK NY 11021 T JARDINE, JEFFREY P 60 CUTTER MILL ROAD, SUITE 212 GREAT NECK NY 11021 AS STANZION, BARBARA T 60 CUTTER MILL ROAD, SUITE 212 GREAT NECK NY 11021			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #