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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



P98000000886

## **Katherine Harris**

## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90212 039 \*\*\*150.00

GOLDFII	nders interior consign	MENT, INC.									
Principal Plac	e of Business	Mailing Address					1199	##  iim imimi imişi meşii	BB(3) BB3(4 BB(4)	Wêsti datet seset	ISIUS BIIL FOOF
1380 BEACH BLVD.  JACKSONVILLE BEACH FL 32250  1380 BEACH BLVD.  JACKSONVILLE BEACH FL 32250				250			DO NOT WRITE IN THIS SPACE				
	•							orporated or Qualife	ed		
				4.277			01/02/			<del></del>	
2. Principal Place of Business 2a. Mailing Add			ress				4. FEI Num	ber AHOCIUI	1/		plied For t Applicable
21 26							Q.K.	278344	7	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate	e of Status Desired		Fee Re	I .
City & Stat	to The same of the	City & State	City & State				6 Election	Campaign Financin	<u> </u>	\$5.00	
23		28	2.7 1 1-1-1					nd Contribution	, []	Added to	
Zip Country Zip			Country					oration owes the c	urrent year Int	angible	- :
24	25	29	30			,	Personal	Property Tax.		7es	□No
	9. Name and Address of Curren	Registered Agent					10. Name ar	nd Address of Nev	v Registered	Agent	
MALKED BODY D					Name						
Walker, Rory R 1380 Beach Blvd.				82	Street .	Address	ddress (P.O. Box Number is Not Acceptable)				
JACKSONVILLE BEACH FL 32250				83							
				84	City					85 Zip C	Code
				i I	•				FL	<b>.</b>	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change w	as autnonzeo	3 DV 10	named ne corpo	corpora oration's	ition submits board of dir	this statement for t ectors. I hereby ac	he purpose of cept the appo	changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable	NOTE: Registered	1 Agent	sionatura r	required wh	nen reinstating)		DATE		}
12. OFFICERS AND DIRECTORS								S/CHANGES TO	OFFICERS AI	ND DIRECTO	RS IN 12
TITLE		☐ DELET	E 1.1 T	TLE.		P		712		Change	Addition
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CITY-ST-ZIP TITLE		☐ DELET			ZIF	<del> </del>				☐ Change	Addition
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TITLE		☐ DELET				<b> </b>			•	Change	Addition
NAME	}		6.2 N	AME							
STREET ADDRESS	s		6.3 S	TREET /	ADDRESS						
CITY-ST-ZIP			6.4 C	TY-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, prior an attackment with an address, with all other like empowered.

SIGNATURE:

904-241-5558