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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90119 046 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000034974

1. Corporation Name

GOLDEN B, Inc.

Principal Place of Business

Mailing Address

C/O MORTGAGE CENTER OF NILES  
4100 CORPORATE SQ # 155  
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

☒ 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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4419 DEL PRADO BLVD #6

Suite, Apt. #, etc.

22 #6

City & State

23 CAPE CORAL, FLORIDA

Zip

24 33904

Country

25 FLORIDA

2a. Mailing Address

26 4419 DEL PRADO BLVD

Suite, Apt. #, etc.

27 #6

City & State

28 CAPE CORAL, FLORIDA

Zip

29 33904

Country

30

9. Name and Address of Current Registered Agent

AARON A. FARMER, Esq.  
300A MIAMI TRAIL NORTH  
NAPLES, FLORIDA 34103

10. Name and Address of New Registered Agent

81 Name JUERGEN WEYERS  
82 Street Address (P.O. Box Number is Not Acceptable)  
4419 DEL PRADO BLVD #6  
83  
84 City CAPE CORAL FL 85 Zip Code 33904

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

JUERGEN WEYERS

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

(NOTE: Registered agent signature required when reinstating)

01/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE  
NAME JUERGEN WEYERS  
STREET ADDRESS 4419 DEL PRADO BLVD #6  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PRES. TREAS. SEC. ☐ DELETE  
NAME JUERGEN WEYERS  
STREET ADDRESS 4419 DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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, with all other like empowered.

SIGNATURE:

JUERGEN WEYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/99

Date

941-541-2266

Daytime Phone #

CR2E034 (11/98)