Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90114 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000045545

1. Corporation Name

THE GOLDEN RULE, INC.

Principal Place	e of Business	Mailing Address			1 19611891 NG 19191 18111 99111 99111 99111 99111 91111 91111 91111 91111 91111
648 NE 16TH TERR FT LAUDERDALE FL 33304		648 NE 16TH TERR FT LAUDERDALE FL 33304			
		• .		,	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/20/1998
_	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number 837429 Applied For Not Applicable
21	H A	26 Suite Ast # sts			S8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent  13. Name and Address of New Registered Agent  14. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Name and Addres				
•				<u> </u>	
			82 Str	eet Addres	ess (P.O. Box Number is Not Acceptable)
			83	)   1 / 1	VIZ. OF STREET
					los 7:- C-d-
		••		$\omega_1$	1700 Manors FL 33337
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 607.0508, Florida Statutes.					
	m familiar with and accept the folighti	ions or, Section of Autora, Florid	a Statutes.	Pre	25 Went 4-2-99
SIGNATURE	Signature, typed or printed name of registered agent	and trile if applicable. (NOTE: Re	egistered Agent signa	ture required v	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	WASHELL, JORDAN		1.2 NAME		
STREET ADDRESS	648 NE 16TH TERR		1.3 STREET ADDRESS		,
CITY-ST-ZIP	FT LAUDERDALE FL 33304	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	ĺ	
STREET ADDRESS	- A		2.3 STREET ADDR	ESS	
CITY-ST-ZIP	, ,		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDR	ESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	$\rightarrow$	Change - Addition
TITLE	<u> </u>	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS		,~	4.3 STREET ADDR	ESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	$\dashv$	☐ Change ☐ Addition
NAME		,	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	ESS	
CITY-ST-ZIP	· .		5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ 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 officer or director of the corporation Block 12 or Block 13 if changed, or

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND

CR2E034 (11/98)