

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 # P98000051739

1. Corporation Name

GOLIN - ROSA & ASSOCIATES, INC.

Principal Place of Business

8306 MILLS DRIVE, #193  
MIAMI FL 33183

Mailing Address

8306 MILLS DRIVE, #193  
MIAMI FL 33183

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90081 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

65-0844124

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

21 318 INDIAN TRACE

2a. Mailing Address

26 318 INDIAN TRACE

Suite, Apt. #, etc.

#166

Suite, Apt. #, etc.

#166

City & State

23 WESTON FL

City & State

28 WESTON FL

Zip

24 33326

Country

25 USA

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

GOLIN, DEBORAH L  
8306 MILLS DRIVE, #193  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

318 INDIAN TRACE

83

#166

84 City

WESTON

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 607.0402 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

DEBORAH L. GOLIN

4/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GOLIN, GARY D  
STREET ADDRESS 8306 MILLS DRIVE, #193  
CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ DELETE

NAME ROSA, EUGENE M  
STREET ADDRESS 2744 SUMMERDALE DRIVE, NORTH  
CITY-ST-ZIP CLEARWATER FL 34621

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

318 INDIAN TRACE, #166  
WESTON, FL 33326

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

954-217-0638

Daytime Phone #

CR2E034 (11/98)