

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

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

03-05-1999 90029 028 ***150.00

DOCUMENT # P98000060963

1. Corporation Name

GOLDFINGER INTERNATIONAL, INC.

Principal Place of Business

8813 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

8813 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. FEI Number

59-3529017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 653 WASHINGTON AV.

Suite, Apt. #, etc.

22

23 MIAMI BEACH, FL.

24 33139

25 DADE

2a. Mailing Address

26 8813 THOMAS DR.

Suite, Apt. #, etc.

27

28 PANAMA CITY BEACH, FL.

29 32408

30 BAY

9. Name and Address of Current Registered Agent

O'LEARY, D M
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name PATRICK PFEFFER

82 Street Address (P.O. Box Number is Not Acceptable)
8813 THOMAS DR.

83

84 City PANAMA CITY BEACH, FL

85 Zip Code 32408

11. Pursuant to the provisions of Sections 607.0507 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)

02/23/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PFEFFER, GERLINDE
STREET ADDRESS 8813 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE D ☐ DELETE

NAME PFEFFER, PATRICK
STREET ADDRESS 8813 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE D ☒ DELETE

NAME GERAMI, SHAD
STREET ADDRESS 8813 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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 P/T ☐ Change ☒ Addition

1.2 NAME PFEFFER, GERLINDE
1.3 STREET ADDRESS 8813 THOMAS DR.
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

2.1 TITLE STUP ☐ Change ☒ Addition

2.2 NAME PFEFFER, PATRICK
2.3 STREET ADDRESS 8813 THOMAS DR.
2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99 850-235-1061

Date Daytime Phone #

0087522

CR2E034 (1/98)