

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000076392 1. Corporation Name

GOLDEN DUNES INC

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90110 039 ***150.00

GOLDEN	DONES, INO.									
Principal Place	e of Business	Ma	iling Address			<u></u> .	T IMPRIMAL LIA PAIST MAIST ABSTE ABSTE AATE			
4471 SUGAR PINE DRIVE 4471 SUGAR PINE DRIVE BOCA RATON FL 33441 BOCA RATON FL 33441						DO NOT WOITE IN THE	e edace			
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2 Principal P	lace of Business	222	Mailing Address				08/28/1998 4. FEI Number	7.1	Applied For	$\left\{ \right.$
-	lace of business	2a. 26	Mailing Address				65-0875661	·	Not Applicable	1
Suite, Apt.	# etc	26	Suite, Apt. #, etc.						5 Additional	1
22	,, 0.0.	27	Const rips in our				5. Certificate of Status Desired		Required	
City & State	9	1=:	City & State				6. Election Campaign Financing	_\$5.0	O_May Be	1
23		28					Trust Fund Contribution		d to Fees	٦
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year In	ntangible		1
24	25	29		30			Personal Property Tax.	Yes	No	ٳ
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Address of New Registered	Agent		
000	w remains a			j	81	Name				
	DK, JEANNINE O				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			1
	SUGAR PINE DRIVE									İ
BUC	A RATON FL 33441				83					
					84	City		85 Z	ip Code	1
							<u>_F</u> i	<u> </u>	·	1
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the at	ove	-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing	its registered	ļ
	m familiar with, and accept the obliga						on a board of directors. Thereby accept and appe	J	, og. 0.0.02	
	•						·			
SIGNATURE										
	Signature, typed or printed name of registered age				Agent	t signature required	d when reinstating) DATE			
12.	OFFICERS AI		CTORS	13.		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A			
12.	OFFICERS AI			13. 1.1 TH	LE	l signature required		ND DIREC		
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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:

5/1/99 Date

Daytime Phone #