

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90061 031 ***150.00

DOCUMENT # P98000082374

1. Corporation Name

GOLDSTAR SALES, INC.

Principal Place of Business

**962 E. 27TH STREET
HIALEAH FL 33013**

Mailing Address

**962 E. 27TH STREET
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

2. Principal Place of Business

21 19240 CLAYTON TR
Suite, Apt. #, etc.

2a. Mailing Address

26 19240 CLAYTON TR
Suite, Apt. #, etc.

4. FEI Number

65-0866200

Applied For

Not Applicable

22 ALTOONA FL

27 ALTOONA FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 32702

City & State

28 32702

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24 25

Zip Country

29 30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WOOD, DONALD
962 E. 27TH STREET
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name WOOD, DONALD

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

19240 CLAYTON TR

83 ALTOONA

City

FL 85

32702

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOOD, DONALD
STREET ADDRESS 962 E. 27TH STREET
CITY-ST-ZIP HIALEAH FL 33013

☐ DELETE

TITLE D
NAME WOOD, SHARON
STREET ADDRESS 962 E. 27TH STREET
CITY-ST-ZIP HIALEAH FL 33013

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WOOD, DONALD ☒ Change ☐ Addition
1.2 NAME 19240 CLAYTON TR
1.3 STREET ADDRESS ALTOONA, FL 32702

1.4 CITY-ST-ZIP

2.1 TITLE WOOD SHARON ☒ Change ☐ Addition
2.2 NAME 19240 CLAYTON TR
2.3 STREET ADDRESS ALTOONA FL 32702

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 954-962-4262

Date

Daytime Phone #

CR2E034 (11/98)