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 # **S24069**

1. Corporation Name

GOLDEN HARBOR, INC.

GOLDEN							
Principal Place	e of Business	Mailing Address			I \$881\$91\$ iia itan aisii aana anse sas) B18{1 B18(1 B48(1 B18(1 4)	1811 BIBIL 1881 .
3940 S 3RD ST 3940 S 3RD ST							
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	···	
,					01/09/1991		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-3043191	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Re
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangible	Π P N-
24	25 29 30		L,		Personal Property Tax.		Z(No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHIN, YAN Q				Name _	TRIEU NOAN Y	19 ~	
3940 S 3RD ST					ddress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE BCH FL 32250				27	7		
ļ			84	City -		85 Zip C	code .
			ŀ	ں ا	AUCONNILE	FL 3>	250
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, you of printed name of registered agent.	of Florida, Such change was authorions of, Section 607.0505, Florida	Statutes	the corpor	and when to industry	ATE	
12.	OFFICERS AN	D DIRECTORS/	13.	,	ADDITIONS/CHANGES-TO; OFFICE	RS AND DIBECTO	
TITLE	V = =	DELETE 1.1		g -	President / SEC	Change	Addition
NAME	CHIN_BOK YEE	- 1	1.2 NAME		TRIEU NGAN YAN		
STREET ADDRESS	3940 S 3RD ST		1.3 STREE	TADDRESS -	3940 5.3rd St_		
CITY-ST-ZIP	0/10/100/1/20/07/10/20		1.4 CITY-S	T-ZIP	JACKSONILE TO	35520	
TITLE		☐ DELETE	2.1 TTLE		•	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	DDRESS 2.3		2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	<u> </u>		<u>. </u>
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS]		3.3 STREET ADDRE				
CITY-\$T-ZIP			3.4. CITY-ST-ZIP			Change	Addition
TITLE	}	☐ DELETE	4.1 TITLE			[] Change	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			F ^m Phance	<u> </u>
TILE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
l	1		5.3 STREE	TADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP :

TITLE

NAME

Daytime Phone #

Change

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90092 036 ***150.00