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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S32589

(1)

1. Corporation Name

GOLDFISH ENTERPRISES, INC.

Principal Place of Business

330 SE GASPARILLA AVE
PORT ST LUCIE FL 34983

Mailing Address

330 SE GASPARILLA AVE.
PORT ST LUCIE FL 34983
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1991

4. FEI Number

65-0241913

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 6213 CITRUS AVE

26 6213 CITRUS AVE

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT PIERCE FL

28 FT. PIERCE FL

Zip

Country

Zip

Country

24 34982

25 US

29 34982

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLARD, GARY DAVID
330 SE GASPARILLA AVE
PT. ST. LUCIE FL 34983

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HILLARD, GARY DAVID
STREET ADDRESS 330 SE GASPARILLA AVE
CITY-ST-ZIP PT. ST. LUCIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME HILLARD, BETHANY S.
STREET ADDRESS 330 SE GASPARILLA AVE
CITY-ST-ZIP PT. ST. LUCIE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

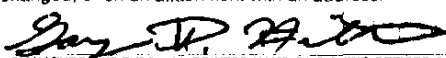
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:



4-22-98 561-595-5360

CR2E034 (10/97)